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THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD
EDITED BY MRS BEDFORD FENWICK

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EDITORIAL.

THE NEW YEAR.

It is always a relief to turn the last page of the old year, and face the unknown possibilities of the future. It is, however, with a feeling of serious responsibility that trained nurses will, in the United Kingdom, enter upon the New Year. They realize that all is not well with their profession, and that therefore the best interests of the sick are not safeguarded. They realize, too, that the troubles of which they are aware can be rectified, but that the authority at present given to their profession is in no way equal to the responsibilities placed upon it.

Take, for instance, the question of the nursing of sick and wounded sailors and soldiers, for the efficiency of which every trained nurse feels a personal responsibility, and would willingly do her share to ensure.

Nothing has proved more surely the light estimation in which the skill of trained nurses, gained only after an arduous apprenticeship, is held by the public than the way in which, on the declaration of war, women of all ranks hastened to assume our uniform, to besiege Matrons of hospitals for a few weeks' insight into the details of our work—most unwisely, in our opinion, granted them, in most instances—and then, in any position, from that of Matron of a Military Auxiliary Hospital downwards, but at the front for choice, assumed responsible care of the sick and wounded. Had they had the least conception of what is involved in work which taxes all the resources of the trained nurse if it is to be adequately done they could never for a moment have thrust their ignorant attentions upon our sick soldiers.

This is only one of the many instances, though, at the present time, the most flagrant, in which the sick suffer from the disorganization of the nursing profession. With efficient organization, with the right

to establish educational standards, and enforce discipline, and with the recognition by Parliament of the work of nurses as that of a skilled profession, many of the evils of which they now complain would disappear automatically.

Further, their economic position would, for the first time be placed on a sound footing. At present trained and untrained compete on equal terms in the open market, and employment is by no means always given to the most competent, often to the most audacious.

Therefore, in the New Year, with greater earnestness than ever before, we must strive to secure from Parliament rightful recognition.

That the majority of the House of Commons is in favour of nursing reform we know well. They proved it unmistakably by their overwhelming vote in its favour on March 3rd last, and by the unanimous report of the Select Committee on Nurses' Registration in 1905. That the House of Lords approves the principle of Registration of Nurses by the State we also know. It proved it by passing Lord Amptill's Bill in 1908.

That organized medical practitioners strongly support the principle of nurses' registration has been proved by the resolutions passed at Annual Representative Meetings of the British Medical Association.

That the organized nurses of the world support this principle, is proved by their having secured Registration Acts from 48 legislatures.

That the public would welcome a guarantee that nurses were available whose qualifications have been tested by a Central Authority is also certain.

What, therefore, we have to do in the immediate future is to convince Parliament that the will of majority must prevail, and a small faction be no longer permitted to obstruct urgent reform.

OUR PRIZE COMPETITION.

MENTION SOME OF THE WAYS IN WHICH COUNTER-IRRITATION MAY BE APPLIED, AND THE METHODS OF APPLICATION.

We have pleasure in awarding the prize this week to Miss F. Sheppard, Dudley Road, Tunbridge Wells.

PRIZE PAPER.

Counter-irritants are employed to produce counter-irritation artificially in some part of the body, with the view of diminishing, counter-acting, or removing irritation or inflammation in some neighbouring part.

Class I.—The slightest, called *Rubefacients*, are those that merely redden the skin. *Vesicants*, or such as to produce vesicles or blisters, are a more powerful class, and not only cause counter-irritation, but prove evacuant. *Setons* and the actual cautery belong to this class of counter-irritants. *Rubefacients* are chiefly employed in irritation of the mucous membrane; *vesicants*, in inflammation of serous membrane; *setons*, when the disease is of a suppurative character.

The application of counter-irritation must be rightly timed and placed: not too soon, nor yet too near the seat of the disease. All acute symptoms should have subsided; otherwise, instead of affording relief, it may aggravate the local and general disease.

Liniments are used for counter-irritation. The stronger ones, such as croton oil, belladonna, iodine, &c., should be painted on with a brush, and not rubbed in, and the fluid used sparingly at first over a small surface, to test its effect.

Blisters are a powerful form of counter-irritation; the cuticle or superficial part of the skin becomes raised from the part beneath by an effusion of fluid or serum drawn from the blood by the action of the blistering material. The two methods are: Blistering ointment, which is applied spread on stiff paper or leather to form a plaster cut the required size as ordered, the "emplastrum lyttæ"; and painting the part with blistering fluid. The plaster may be secured by a bandage or handkerchief instead of plaster, which drags when the blister rises. In order to vesicate, the plaster should remain on from eight to ten hours; three or four hours will suffice to produce redness to the skin. When vesication has been produced, the plaster should be gently removed without breaking the blister.

Dressing Blisters.—The vesicle should be opened at the most dependent part by fine-pointed sterilized scissors, and the fluid allowed

to escape into a sterilized test-tube or cotton-wool, and kept for examination, if necessary. The surface must be dressed with a fold of lint covered with an appropriate dressing, and a thin layer of cotton-wool secured over it by a bandage. A warm linseed poultice often relieves after severe vesication; but if desired to keep the blister from healing, savin ointment should be applied on lint instead of a simple dressing.

Leeches are used to remove a small quantity of blood. The skin should be well washed before applying them. To apply the leech it should be held by its larger end in the folds of a cloth, or test-tube, to allow the smaller extremity or head to be directed over the skin in the necessary region. If there is any difficulty, a little milk or sugar and water may be smeared on the skin, when the leech will be sure to bite. The leech-bites should be washed with sterilized water, and absorbent wool be subsequently applied, which will in most cases stop bleeding. A hot fomentation may be applied if it is desired to encourage the bleeding. All leech-bites must be watched, and firm pressure applied if hæmorrhage goes on after removal, and, if necessary, a surgeon sent for, and pressure still applied until his arrival.

Cupping abstracts blood locally (wet and dry cupping), and is usually done by the surgeon. The part to be cupped should be sponged with warm water; the wounds after are covered with a sterile dressing, or allowed to bleed further into a hot fomentation.

Mustard Leaves are dipped into tepid water, and left on long enough to redden the skin, and then a little ointment is spread on lint or linen, and wool and bandage applied.

Mustard Poultices.—To make these take equal parts of linseed meal and mustard; the meal should be mixed with boiling water, and the mustard added while stirring. The mixture should be spread on linen or lint or brown paper, and a layer of muslin over it; it should not be left on too long, especially in the case of old people or children, without ascertaining its effect; a corner should be turned down afterwards in a few minutes, and the skin should be examined to prevent the production of a blister.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss G. C. Cheateley, Miss H. M. Springbeck, Miss M. James, Miss F. Robinson, Miss J. Mackean.

QUESTION FOR NEXT WEEK.

State how to make, and the uses of, pastes and plasters.

A NURSING PIONEER IN FRANCE.

Dr. Anna Hamilton, of the Maison de Santé Protestante, Bordeaux, whose historic Thesis on Nursing a few years ago awoke Nightingale standards in France, has expressed her pleasure with, and interest in, the work which it is proposed the French Flag Nursing Corps shall do at the Talence Hospital, Bordeaux. Incidentally Dr. Hamilton's great work for nursing in Bordeaux has had much to do with the decision of Dr. Martin Dumagny to try the experiment of placing the nursing in the new pavilions

Frenchwomen, so our English nurses must do all in their power by their amiable conduct, as well as by their skill, to prove how indispensable is their *métier* in the recovery of the gallant soldiers of France.

Dr. Anna Hamilton has, of course, since the early days of the war been rendering devoted service to the wounded; 80 beds in her hospital are in constant use by wounded soldiers, and many of the worst cases are being sent to her. Their sufferings have been heartrending, yet borne with splendid courage. These men express themselves as deeply grateful for the skilled care and devotion of the nursing staff,



DR. ANNA HAMILTON AND NURSING STAFF IN SOLDIERS WARD, MAISON DE SANTÉ PROTESTANTE, BORDEAUX.

at Talence in the hands of thoroughly trained English nurses. Dr. Dumagny presided last June at the final examinations of the nurses trained at the Maison de Santé Protestante, and was deeply impressed with professional lady nurses, and he is now pleased that he will have an opportunity of showing by this experiment what real nurses are. It is to be regretted that the intelligent action of the French Government in employing English nurses has given umbrage to certain Red Cross ladies. This is not unnatural, if we realize the patriotism of

directed by Dr. Anna Hamilton. Our picture, taken by a patient in a ward of soldiers, shows one knitting a scarf for himself, an art they are taught when their condition necessitates long convalescence in bed.

We have none of us forgotten charming Madame Kriegk, who was with us in our Paris and London Congresses, and who was the mother of delightful twin boys when we met her at Bordeaux. Now these two gallant young men are soldiers fighting for France, let us wish them as conquering heroes a happy

return from the wars. French friends all write the same sad story: all dear ones at the Front; then hope, terror, loss, grief, death, and—silence; or sleeping and waking under the sword of Damocles day after day. We know something of this agony in England, and can truly sympathise with all those out of the fighting line of the countries at war.

THE RIGHTS OF THE SICK AND WOUNDED.

Mrs. Bedford Fenwick, President of the National Council of Trained Nurses, has forwarded, by request, to Sir Alfred Keogh, Surgeon-General, Army Medical Department at the War Office, an exhaustive statement, supported by evidence, of the present disorganized condition of the nursing of sick and wounded soldiers in auxiliary military hospitals. The evidence advanced in support of the Resolution unanimously passed by the National Council of Trained Nurses at its recent annual meeting will, we hope, convince the War Office that drastic reform in the nursing department of these hospitals must be immediately effected.

THE INTERNATIONAL COUNCIL OF NURSES.

The following letter, dated December 16th, 1914, has just been received by the President of our National Council of Nurses from Miss L. L. Dock, International Secretary. It will, no doubt, have crossed with our letter containing the recommendation that the International Congress be not held. The business meeting of the International Council will take place at San Francisco as arranged, so that the continuity of business will not be interrupted:—

THE INTERNATIONAL MEETING AT SAN FRANCISCO.

New York City, U.S.A.

DEAR MRS. FENWICK.—You may imagine how much disappointment and affliction it is to us to be compelled finally to give up our plans for International Day. But we have felt it was necessary, and though we have not yet heard from England, and still hope that you and Miss Breay may come, we have had so general an opinion that it was advisable, that we American Councillors and Miss Goodrich have decided to write officially to our members to this effect.

New Zealand has advised us to give up International Day, Denmark has been surprised that it has not been announced before this, Holland will be unable to send delegates, and through Holland we learn that Sister Agnes Karll, of

Germany, has given up all thought of the Congress. Mrs. Klosz writes to the same effect from India.

Whilst this terrible War rages it would seem a mockery to try to repeat the beautiful Ceremonials of England and Germany on International Day. It already has been necessary to abandon our gift procession for the Nightingale Memorial Fund. And now we must resign ourselves to holding simply an American Nurses' Annual Meeting and Conference at San Francisco. Needless to say, any nurse who can come from abroad will be warmly welcome, and we still expect to have our special trip with our own train. There will, of course, be much that is delightful and pleasant at San Francisco, and we have determined to hold our International Council Meeting, so that there shall be no break in the business of our Federation. We will make such plans as are possible for 1918. We shall hope until the last, that you and Miss Breay may come as you had expected.

Ever most sincerely,

L. L. Dock.

We all share the natural disappointment of our kind American colleagues, who were planning such a splendid programme of welcome for the world's nurses in 1915. But to the inevitable we must bow. Those of us who feel that our country needs us in this crisis will naturally put every other consideration aside, and in no country in the world are the women who stand for high nursing efficiency so desperately required as they are in England, when it only needed the crash of war to prove how lightly our years of toil and professional efficiency are estimated in comparison with the ignorance, self-sufficiency, and climbing clamour of the well-gilded social parasite, who has not hesitated to assume our professional titles of Lady Superintendent and Matron, adopt our uniform in every particular, assume control of hospitals for the wounded, and autocratically dictate to thoroughly trained and skilled members of the nursing profession, who have laboured for years to attain a safe standard of skill for the benefit of the sick. Like a plague of locusts, ignorant and inexperienced girls and grandmothers—also dressed in our uniforms—have swooped down on hundreds of Red Cross hospitals, and fixed on to the wounded. Those of us who have the courage to protest are naturally few, but this minority mean to remain on the spot, and press a demand that the right authority shall without delay take such steps to safeguard our sick and wounded soldiers as will reduce to a minimum the risks they at present run when *hors de combat*. No doubt our National Council and THE BRITISH JOURNAL OF NURSING will be represented at San Francisco, but alas! such happiness is not for the women at the wheel.

THE AMERICAN NATIONAL RED CROSS SOCIETY.

A MODEL ORGANIZATION.

By FELIX J. KOCH.

Hundreds of thousands of well-meaning American people, in tens of thousands of American post offices, each winter purchase millions on millions of the familiar Red Cross "seals," gumming these to their letters and packets, with little more than a passing thought of what becomes of the money paid for such, except that somehow, somewhere, it goes "to do good!" Incidentally, it's a far, far cry from the humble cross-roads post office there at Rushville, where Jack Roosa invests in seals such as these, to the blood-soaked battlefields of Europe, or the little peasant hamlets where women and children are starving, while the men are being mowed down by the cannon and Zeppelin bombs at the war; but thousands of dollars, hundreds of thousands of dollars, in fact, gleaned by the Red Cross, America over, are doing its errand of mercy just there.

Mr. Austin Cunningham, director of publicity for the Red Cross, gives us some interesting data as to its work in this war.

"On the outbreak of the European War," he announces, "the American Red Cross offered to the several countries involved, surgeons, trained nurses, surgical equipment, including bacteriological and sterilizing outfits, and hospital supplies. This offer was gratefully accepted.

"At that time the sailing of all the ocean steamers was so uncertain that, at the suggestion of the Hon. Robert Lansing, Counsellor of the State Department and Chairman of our Red Cross International Relief Board, the War Department was asked for the loan of an Army transport to carry the *personnel* and supplies.

"The pressure on the Government to provide transportation for American refugees was so great that the Department was itself negotiating for ships and reserving the transports for such use, so that this request could not be granted. Congress therefore passed a special Act, permitting the Red Cross to charter a ship, fly the Red Cross and American flag, and to receive temporary American registry. By this means, and under the protection of the Treaty of The Hague, the American Red Cross appealed for a suitable vessel. Only two were offered, and of these the former was accepted, and chartered for sixty days, at the cost of \$1. The war insurance on ship and cargo cost

\$10,000. The vessel was officered by retired American naval officers, and carried 156 surgeons and nurses, surgical equipment, and very large quantities of hospital supplies for their own use, and for the use of the American Ambulance Association in Paris. The Servian unit of fifteen went by a Greek steamer.

"As they were about to sail, unexpected objection was made on the part of the British and French Governments to the *personnel* of the crew. A change of crews became necessary, involving delay and expense.

"To send 171 Red Cross surgeons and nurses abroad; to buy them proper equipment, with uniforms and other necessities, to pay their travelling expenses by land and sea, both in the United States and in Europe; to pay their salaries for six months, and to bring them home to the United States will cost about \$1,200 *per capita*, including the cost of the Red Cross ship. Additional surgeons and nurses are also being equipped to send.

"There is no doubt that, had the Red Cross waited two weeks, it could have sent its surgeons and nurses and its hospital supplies to Europe by regular steamers. Everyone must, however, recall the confusion, uncertainty, and danger which prevailed at the outbreak of the war. No one knew or could predict when regular trans-Atlantic service would be resumed. The United States Government itself, wishing to send a party of fifty men with the ten million dollar gold fund to Europe, to help American citizens, sent two warships instead of waiting for merchant steamers.

"Up to the end of November, the American Red Cross has purchased 232,800 lb. of absorbent cotton, 67,800 lb. of non-absorbent cotton, 485,400 yards of absorbent gauze, 10,000 yards of starched gauze, 46,300 lb. of bandages, 20 surgical instrument equipments of U.S. Army standards, including bacteriological and sterilizing outfits, 4,800 lb. of chloroform and ether, 10 cases of drugs and chemicals, 40 gallons tincture of iodine, 5,000 typhoid vaccine treatments, and many cases of surgical supplies, such as ligatures, rubber gloves, clinical thermometers, hypodermic syringes, extra instruments, adhesive plaster, ice-caps, alcohol, disinfectant, vaseline, &c., most of which have already been shipped to Europe.

"Scores of boxes, containing stretchers; thousands of hospital garments, sheets, pillow-cases, blankets, towels, &c., have also been sent. The Red Cross has forwarded some 7,500 pairs of blankets for Belgian refugees. For the American Ambulance in Paris it has purchased and shipped 264,440 lb. of absorbent

cotton, 111,000 lb. of non-absorbent cotton, 150,000 yards of absorbent gauze, 50,000 yards of starched gauze, and 9,000 stretchers.

"It has remitted in cash \$155,000 to the European Red Cross Societies, to the Bureau of Prisoners at Geneva, to the Belgian Relief, to Ambassador Herriek's Emergency Committee in Paris, to the American hospitals in France, Germany, and England. Also, \$55,000 has been paid up to date for surgeons' and nurses' salaries, outfits and land transportation of *personnel* and supplies.

"The administrative expenses are paid entirely by the American Red Cross, and are not a charge against the relief funds. All funds forwarded for relief work in Europe are transmitted through the State Department or by a certain express company, without any charge against relief funds.

"Of the \$850,000 which has been contributed up to mid-November, a balance remains of \$415,000. Against this balance must be charged \$150,000 for the maintenance of the *personnel* of surgeons and nurses for six months, and their return, which is held in reserve, leaving a balance of \$265,000 to meet the future calls of this great war!"

But the work of the Red Cross, though one is apt to overlook the fact, does not concern itself exclusively with war-time.

"The magnitude of the work of the American Red Cross since 1905," says the official White Book, "can be suggested in a sentence:—There have been over seventy-five disasters caused by earthquakes, volcanic eruptions, fires, floods, famines, mine explosions, as well as wars in this and foreign countries, for the relief of which the American Red Cross has received and expended about \$12,000,000, including donated supplies."

Its other phases of endeavour are likewise interesting.

"In order," for example, "to bring a knowledge of accident prevention and of first-aid within the reach of industrial workers and other classes of people throughout the country, the 'first-aid' department of the American Red Cross was established in 1910. The department is operated under the direction of an officer of the medical corps of the Army, and has a staff of physicians, who are available for detail as instructors in mines, lumber camps, telephone and electric concerns, railroads, and other large industrial corporations—also for Police and Fire Departments of cities, the Y.M.C.A., etc.

The department has recently broadened its scope to include water first-aid, by the organization of life-saving corps.

The instruction cars are maintained on the

railroads of the country, and instruction is given to railroad employees by the physicians in charge of each car. The annual death-rate due to accidents on railroads, in mines and other industries, is great, and it is hoped to materially reduce the number of preventable accidents and minimize the ill effects following accidents by the instruction given.

"Somehow or other, though, it is in its labours on the battlefields, or immediately after a conflict, that the Red Cross holds the greatest interest for the laity, and much though its surgeons may accomplish there, it is the errand of mercy of its gentle nurses that excites the sympathy of the world most of all."

For enrollment as a Red Cross nurse, at least a two years' course of training, given in a general hospital (which includes the care of men, and has a daily average of at least fifty patients) is required. In States where registration is provided by law, nurses must be registered. The endorsement of the training school from which the applicant graduated is required, as well as recommendation by a local committee of Red Cross Nursing Service and the like. About six hundred nurses are serving, without pay, on national State and local committees, the country over, and through their efforts over 4,500 trained nurses have been enrolled for service under the Red Cross.

Miss Jane A. Delano, R.N., one of the most able Superintendents of Nurses in America, is Chairman of the National Committee on Red Cross Nursing Service.

Through this nursing service, the organization has also undertaken to carry into the homes of the people a better knowledge of the underlying principle of health; the prevention and care of illness, through the establishment of a town-and-country-nursing-service, which it is believed will eventually make nursing care available, even in the most remote regions of our country, and through the organization of classes of instruction for women in elementary hygiene and the home care of the sick.

All of which is drawing the Red Cross ever closer to the hearts of the American people. Charity at home and charity abroad seems its axiom—and what measure of good comes, directly or indirectly, from its endeavours, the world over, it were folly to attempt to estimate.

URGENT CASES HOSPITAL FOR FRANCE.

Miss E. L. C. Eden writes that gifts of shirts, bandages, and other comforts and dressings will be acceptable for use in the Urgent Cases Hospital in France. Consignments may be sent c/o Mrs. Graves, 18, Bina Gardens, Gloucester Road, S.W.

NURSING AND THE WAR.

Miss A. Maud Fletcher, an English nurse, who has returned from Ghent, makes an appeal (from Guy's Hospital) for an X-ray apparatus to take back with her to Belgium. For the past two and a-half years she has been attached to a private hospital in Ghent, which at the outbreak of the war was offered to the Belgian Government, and has since been working in conjunction with the Red Cross Society of Belgium. The hospital is splendidly fitted up and entirely modern, but lacks an X-ray apparatus. No hospital for the wounded can be considered complete without it.

The *Medical Press and Circular* calls attention to the fact that nurses who volunteer for active service under the British Red Cross Society must provide their own outfit at an expenditure of from £6 to £8, and adds: "As a general rule, it may be assumed that the average trained nurse is not able to find £6 or £8 at short notice. If the Red Cross, or any other organisation, wish to maintain an adequate supply of trained and trustworthy nurses at the seat of War, they will have to treat their nurses on a financial basis that compares favourably with what would be earned at home. In Calais, we believe, there is a lack of skilled nursing, and it is certain that in some of the Belgian hospitals there is not only inadequacy in point of numbers, but also as regards proper nursing qualification. Under these circumstances, the British Red Cross might have availed itself of the services of some of the long array of fully-trained nurses which, we gather from various sources, is on its waiting list. Indeed, it may be doubted whether the Society has made the most of the proffered services either of medical or of nursing volunteers."

The same paper also calls attention, as we have done on several occasions, to the fact that the members of the Territorial Force Nursing Service have also to disburse a considerable sum for their uniform, and have to wait some time for repayment. It adds: "The nation has poured out money like water for War purposes, and there can be no excuse for paltry economy in the case of military nurses, who have come forward in a time of national crisis to undertake work which is beset with discomforts, hardships and risks of various kinds." The Matron-in-Chief of this Service is scheduled to receive a munificent salary and allowances amounting to close on £500 a year; there is, therefore, no reason for any further delay in treating the nursing staff with equal generosity.

We are glad to find that the *South African Nursing Record* is in sympathy with our views on the shameless manner in which "Society" is masquerading in trained nurses' uniform:—

"The nurse's uniform has been subjected to all forms of degradation, and the nursing profession has been made alternately the laughing stock of

the world and the butt of its wickedest insults. But perhaps no form of abuse has galled so much and no behaviour has shown so clearly the light opinion that is held of an honourable calling as the inconsiderate action of certain members of society in the present war. These ladies, undoubtedly with the best intentions in the world, have organised nursing contingents and hospitals. So far so good, but they have proceeded to spoil the effect by themselves donning a nurse's uniform and instituting themselves matron or superintendent of their own contingents. They are photographed in becoming uniforms; they even drive in the streets in their motor cars similarly clad, and their pictures on yachts, &c., form a complete photographic record of their movements from London to the Front and back again. Now this is a line of conduct for which the properly qualified nurse can feel nothing but annoyance. It is a form of abuse just as virulent as any that has found its way into the police courts. As we have said, we are willing to credit these ladies with the best intentions in the world, and the fact that they are willing to give their money and their time to the noble cause of caring for the sick and wounded is itself a testimonial to their high-mindedness. But amateur nursing cannot too strongly be discouraged, even amongst the titled ones of the land. The nurse's uniform should be a mark of her bona fides and efficiency, and should not be subjected to abuse by anyone, however great. If these ladies would be content quietly to use their influence and their money to equip the field hospitals, &c., we think it would show a much nicer spirit. They should leave the management and working of them to those whose training qualifies them to undertake the work."

Mr. R. W. Smith, who left for Havre with his motor kitchen on December 5th, is finding useful work to do in supplying refreshments to the troops, especially to men waiting at the station to entrain. The Joint Commissioner of the St. John and Red Cross Societies considered it the most useful purpose to which to put the car as the hospital trains are now provided with their own kitchens. The refreshments are not given free, but supplied as nearly as possible at cost price, and Mr. Smith, with Miss Workman and Miss Higgins, who are helping him, have decided to give any small profit which may be made to the funds of the St. John Ambulance Association and the British Red Cross Society.

Through the *American Journal of Nursing* we learn where the Red Cross units, sent over from the United States, have been stationed. We reported the send-off of Miss Scott Hay to Russia, since when she has disappeared in that vast continent. The English units we also reported as working at the American Women's Hospital, Paignton, and at the Royal Hospital, Haslar; the French units went to Pau, to nurse 800 severely wounded German prisoners, with the

prospect of converting a new French Barrack Hospital at Bordeaux into a hospital for the receipt of the wounded. When in Holland the American Red Cross ship was visited by the Prince Consort, who is president of the Dutch Red Cross, and who made a cordial speech of welcome. Two units were conducted to Berlin by Count Helie de Tallyrand and Baron Goldschmidt Rothschild, and were sent to Gleichwitz in German Silesia. The Austrian units went to Cracow.

New Zealand nurses were naturally very disappointed they were not permitted to come with their troops for active service at the front, but

FRENCH FLAG NURSING CORPS.

The nine members of the F.F.N.C. who left London on December 18th, have arrived safely after a very rough passage at Bordeaux, where on the quay Sir Thomas Barclay, Miss Ellison, and Miss Haswell extended a very kind welcome. As soon as the hospital at Talence is in working order the nurses hope to see many new surgical treatments, and are looking forward to proving how greatly their skilled work can help in the comfortable recovery of the patients.

A very fine concert was recently given at the hospital, when Clement known as "the coming



SISTERS HASWELL AND HITCHCOCK, F.F.N.C., AND SOME OF THEIR PATIENTS AT ROUEN.

a wise Sister writes: "We have to submit and help in other ways, and realise that the authorities have their reasons." Six members of the recently organized Territorial Nursing Service have gone with the troops to Samca, and great excitement was felt in nursing circles when quite suddenly it was decided that they should be sent with the Advance Expeditionary Force from New Zealand. Each nurse had presented to her a little bag with surgical dressings, instruments, thermometer, &c., as part of her equipment. These nurses were present when the British flag was hoisted without any opposition from the German residents and Governor. A thrilling and historic ceremony to witness.

Caruso," delighted the audience with his splendid talent.

The English nurses helped to decorate the wards in the main building and trees for patients at Christmas, and the Medecin Chef, Dr. Dumagny, gave a *Thé Anglaise* on the 24th ult., for which the nurses made all arrangements and did the honours.

Before leaving Rouen, where we hear they are greatly missed, Sisters Haswell and Hitchcock were photographed with a few of their convalescent patients. It is sad to think that many of these brave men must return to the attack.

We are glad to know the English Sisters are beginning to win golden opinions in several French hospitals.

LETTERS FROM THE FRONT.

FROM RUSSIA.

Extract from a Letter Written by Miss Violetta Thurstan, at Lodz, to the National Union of Trained Nurses.

"I am writing this at 4.0 a.m., having just finished the dressings, and it is nearly time to begin again. This is an absolute inferno; I never imagined anything like it, even in my wildest dreams; the hospitals in the Crimea could not possibly have been worse. But it is nobody's fault; simply the result of circumstances.

"This was a girls' day school, and it is now crammed with wounded men, lying on stone floors, either on filthy mattresses or on straw, with no sheets and only one blanket each. There is no heating, as there is no coal; and it is frightfully cold. The men still have on their own shirts, which, though very dirty, cannot be washed. Water is very scarce, as it would be in a day-school. No laundry can be done. There is only one towel for each ward.

"This is just a manufacturing town, and it is being taxed beyond its power. Every public building has been made into a hospital, until the railway communications are opened up, when the wounded will be sent away; meantime, we are doing all we can, but there are not enough of us to care for them as we should like to do. There is plenty of meat, little bread, no butter and no milk, so it will be a very good thing when they can be moved.

"For a week we have been heavily bombarded, shells are bursting all round us, most of the windows are broken. A man and two children were lying dead in the road in front of us this afternoon, and a poor old woman was brought in with both legs shattered. The cannons stopped for a bit yesterday, but have now begun again with renewed force. We have had to move all our wounded from the top floor, on account of the shells. A shell burst in front of us in the street to-day, but neither of us were hurt. It is extraordinary how soon one gets used to it all.

"Now I am going to sleep, in spite of the cannons. I would not have missed this for anything, but I do wish we could do more for these poor men."

"P.S.—Later.

"I wrote this three days ago. Last night we were told to evacuate the hospital. We worked nearly all night and got everybody into the Red Cross wagons. We were nearly dead! A Polish lady came and carried us off to her house, where I have finished this. I have had a hot bath, in which I wallowed and could not get out, it was so lovely! We have not been able to have one since we came to Lodz.

"We now belong to the Flying Corps—that is, we are not stationary, but must be ready to go anywhere, do anything, at any hour, day or night,

where most wanted. It is very nice to belong to it.

"The cannons are still going on as if they never meant to stop."

THE FORTUNES OF WAR.

Miss Ffolliot, a British nurse, who has just returned from the scenes of the earlier fighting, has related a thrilling story to a representative of the *Morning Post*. She says:—

"The German authorities themselves arranged that we should look after British wounded in Mons, and for a long time they treated us with courtesy and respect. The German medical officer who regularly inspected our hospital used to go round with the nurses, shake hands with our English patients, and talk to them cheerily. Unfortunately, this officer left and a new doctor arrived, who made no concealment of his hatred for the English.

"At last one day he told us he had a train-load of German wounded coming in and we must clear out at once. He gave us only one hour in which to get our patients ready for removal, and, sure enough, within the hour the Germans came with ambulances and motor-cars to take them away.

"Our cases were mostly those of men who had been severely wounded. We fitted out our patients with clean clothes and linen and some food and medical comforts—and that was the last we saw of them, all except one officer who had lost his arm.

"As our patients had been taken away from us and the Germans refused to allow us to have any more, it was useless for us to remain at Mons. Moreover, the attitude of the authorities was in marked contrast to the friendliness they had previously displayed. We, therefore, decided to leave if we possibly could.

ARRESTED.

"We succeeded in getting into communication with the American Minister in Brussels—Mr. Whitlock—and with great kindness Mr. Whitlock sent his secretary to invite us to accompany him to Brussels, where we might have passports to take us to England. The matron and Miss Hozier went with the secretary to the Hotel de Ville, when, to their great surprise, the Commandant said: 'The whole staff of this ambulance is arrested.'

"The representative of the American Embassy himself was detained for about an hour, when the Germans, realising their mistake, released him. We asked why we were arrested and the reply was: 'Because the English have arrested the staff of the German hospital at Dalston.' We knew that this was not true, and said so. Then he shifted his ground and said: 'It is because the English stopped a Red Cross ship which was coming to our assistance.'

"We were conveyed to the civil prison at Mons and locked up in cells. They wanted to separate

us, but we insisted on two of us being together in each cell. All that night we were allowed no food or water. Friends in Mons, hearing of our treatment, made a fuss about it, and we were allowed to get in food.

"We were imprisoned on the 1st December, and on the 5th our German gaolers came and informed us that we were wanted at the Hotel de Ville. The sight of two motor-cars flying the Stars and Stripes rejoiced us greatly. The American Minister had made representations to the German authorities at Brussels. At first they denied that we were in prison, but afterwards they said we might come to Brussels. The American Minister accordingly sent his cars to fetch us away.

"On the 9th we started by rail for Maastricht. When the train drew up at Liège we were surrounded by an armed guard, our baggage was flung out on the platform, and we were marched to the Hotel de Ville attended by soldiers with fixed bayonets. We were detained over five hours, and when at last we were permitted to depart an armed soldier was detailed to 'guard' us in the train as far as Aix-le-Chapelle.

"We reached Aix at four o'clock in the morning, when the night station-master ordered us out, and we were marched a long way to the barracks and locked up. When we saw the commandant he said he must communicate with Brussels about our passports, and again we were interred all night.

ARMED ESCORT.

"For some reason the permission to go through Holland, which had been granted at Brussels, was cancelled, and we were told we must proceed by way of Denmark. On resuming our journey we had an armed escort of four men through Cologne to Hamburg.

"At Hamburg crowds of people jeered at them, and made insulting remarks.

"From Hamburg to the Danish frontier was the 'strictest' part of the journey. The train was filled with soldiers, and the commandant of the particular contingent detailed to look after us said to his men: 'Just show the ladies that your rifles are not playthings,' and in accordance with his command they charged the magazines of their rifles with ball cartridge in our presence."

THE JOINT WAR COMMITTEE.

The following nurses have been sent out to Home Hospitals under the authority of the Joint War Committee:—

Bury (Lancashire).—Miss Evar.

Indian Hospital, Brighton.—Miss Bridges.

Hill Crest, Edgbaston.—Miss H. Clark.

Studley Court, Stourbridge.—Miss Walters.

V.A.D. Hospital, Exeter.—Miss Lorrimer.

Military Hospital, Southall.—Miss Swaine.

Knighton House, Leicester.—Miss Jones.

The Joint Committee has offices both at St. John's Gate, Clerkenwell, E.C. and at 83, Pall Mall, S.W., and the Matron-in-Chief, Miss S. A. Swift, attends at both offices.

THE CARE OF THE WOUNDED.

The King is deeply interested in the special Day of Intercession, fixed for Sunday next, when collections in all the churches will be invited in support of the fund for the sick and wounded administered by the Joint War Committee, representing the Order of St. John of Jerusalem and the British Red Cross Committee. This Fund has been already supported by a generous public to the extent of nearly £800,000.

His Majesty the King has sent a contribution of £100 to the Servian Relief Fund.

Queen Alexandra has sent a Christmas gift to the patients in the sick bay at the Royal Naval Reserve dépôt at the Crystal Palace of 60 boxes of cigarettes and 50 boxes of sweets with a picture of herself on the lid, and a card bearing the inscription, "A little Christmas present from Alexandra."

The report by Sir Frederick Treves on the Red Cross work in the North of France, officially published by the British Red Cross Society, touches very slightly on the nursing question. In this we think the writer is wise, as a detailed report of the nursing, to be of value, must be drawn up by a thoroughly experienced Nurse-Inspector, after investigation and enquiry, and no such official accompanied Sir Frederick Treves on his recent visit to France.

A hospital train has been placed at the disposal of the military authorities in Egypt through the generosity of the Egyptian Red Crescent Society, which has contributed the sum of £1,600 for this beneficial work.

The opening of the King George Hospital for Soldiers in the Waterloo Road, to contain 1,600 beds, is not likely to be ready until March. In the interim the most serious question is to secure a thoroughly efficient nursing staff. As we have previously reported, Miss Davies, formerly Matron of St. Mary's Hospital, Paddington, has been elected Matron, and she has before her a stupendous task in securing the staff of nearly 300 Sisters and staff nurses required.

Sisters and Nurses are also needed to staff the St. John Ambulance Brigade Hospital of 500 beds, which may be used either at home or abroad.

Members of V.A.D.'s are to be used as orderlies in both these hospitals, let us hope in such a minority as will not interfere with the discipline of the nursing department, and that their duties will be strictly defined in print, so that they will understand before engagement what a woman orderly's duties are. Frankly, unless they are the duties of first year probationers we are at a loss to know what they are. Anyway, unless they help with the nursing in strictly defined positions as probationers, they have no right to wear nurses' uniform, and if they are there for that special purpose there should be no running in and out, but they should enter into a contract to serve until the end of the War, or until these hospitals are no longer required. Thoroughly trained nurses only should be employed on

foreign service. It is simply waste of money to transport untrained women in any capacity whatever. Such service in military hospitals should be the reward of the patriotism of the professional nurse who in time of peace has qualified herself for her responsible duties.

A French Flag Nurse writes: "The only people here who consider us superfluous are the V.A.D.'s. They can't think what the Minister for War means by importing trained English Nurses." How like them!"

APPOINTMENTS.

MATRON.

Beckett Hospital, Barnsley.—Miss Edith Willis has been appointed Matron. She was trained at the Queen's Hospital, Birmingham, where she has held the positions of Ward Sister and Night Sister and has acted as Assistant Matron.

Isolation Hospital, Pentrobin near Hawarden.—Miss Teresa Dowling has been appointed Matron. She was trained at the Township of South Manchester Hospitals, West Didsbury, Manchester, and at the City Hospital, Park Hill, Dingle, Liverpool.

ASSISTANT MATRON.

The Infirmary, Bolton.—Miss Rose Bland has been appointed Assistant Matron. She was trained at the Grimsby and District Hospital, and has held the position of Sister at the Wolverhampton Hospital and the Essex County Hospital, and of Night Sister at the Northern Hospital, Manchester, and of Housekeeping Sister at the Coventry Hospital. She has also done Matron's Holiday duty at the Southport Infirmary.

SISTER.

Kensington Infirmary.—Miss E. Carter has been appointed Sister. She was trained at the Shirley Warren Infirmary, Southampton, and has been Staff Nurse at the Victoria Park Hospital, E. She has also done district nursing as a Queen's Nurse.

CHARGE NURSE.

Chelmsford Union.—Miss Helena M. Parker has been appointed Charge Nurse. She was trained at the Norfolk and Norwich Hospital, Norwich, and has been Charge Nurse at the Barnett Union Infirmary.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Martha E. Carter is appointed to Royston (Herts.), Miss Emma L. P. Chetwynd to Radcliffe, Miss Marion L. Harcox to Grantham, Miss Elizabeth Kay to Elloughton and Wolton, Miss Ellen L. Reade to Tunbridge Wells.

PRESENTATION.

The Committee of the Ilingsworth Nursing Association regret that Nurse Newbury has resigned her post as district nurse to take up the duties of health visitor near Manchester. In recognition of the faithful and devoted service rendered to the district for the past eight years the committee and friends have presented her with an oak writing desk and illuminated address, wishing her success in her new work.

NURSING ECHOES.

To all our readers A Happy New Year. That many may meet sorrow by the way is very sure, and yet the true nurse has, even in these days of shadow and grief, so much to uplift her spirit, in doing her duty with a whole heart, that great peace and comfort must ensue. She must and will have many serene hours, after great stress and strain of work, after relieving pain, soothing minds distraught, seeing her patients get better day by day, or in helping spirits to pass hopefully away. There will be much comfort for tender nurses; we may therefore safely wish them A Happy New Year.

We fear we have been very remiss this Christmas season—so many kind greetings received from many parts of the world, and no time so far to respond to them; but when we confess, owing to a stress of work, we have had no Christmas holiday, not even one day, we feel sure the faithful ones will grant forgiveness for what must not be accounted to us for lack of thought or interest in many dear old friends. For kind letters, cards, and flowers we now express most grateful thanks.

Amongst Christmas cards received from South Africa is a picture of the bridge over the Zambesi near the Victoria Falls, which a nurse writes "is being guarded night and day to prevent its being blown up by the Germans, who have territory near." The only peaceful spot in the world from which we have had pictorial greetings appears to be Ponte Buarque de Macêdo, Pernambuco, where the boats lie at anchor in unrippled waters, the shores fringed with most beautiful and picturesque buildings and trees, and where land and sea are evidently flooded with lovely sunlight, and canopied by a cloudless sky. From this lovely spot Sister Brockie sends "remembrances and all good wishes." The pioneer work she and Sister Mauding went to do in South America has been most useful, and they are to be greatly congratulated upon its success. The more difficult a bit of work is, the better British nurses seem to do it.

Amusement was caused at a recent meeting of Boston Guardians by a suggestion contained in a report by Miss L. W. Wamsley, a Local Government Board Inspector, on a visit paid by her to the workhouse. The report was made to the Local Government Board, who forwarded it for the Guardians' consideration, and, incidentally, we may remark other Boards of

Guardians might take a hint. It included the following observations on the nurses' diet :—

"The food provided by the Guardians is on a generous scale, but I think that a much more varied diet might be given without increasing the cost per head. For instance, rabbits, pork, and veal might, when in season, be substituted for beef and mutton. In the winter, dried fruit, such as figs and prunes, might possibly be allowed when there is no fresh fruit in the garden."

This extremely practical and sensible report was received with an outburst of laughter, and sarcastic references to pheasants and other additions to the nurses' menu.

The inauguration of the King Edward VII Order of Nurses in South Africa owed much to Viscountess Gladstone during the time her husband was in office, and the Dorothy Centre at Kronstad is named in memory of her generosity and goodwill. The charming house in Dutch style was built by Mr. Baker, who is planning the new Delhi. We are glad to learn that Her Excellency Lady Buxton is continuing Lady Gladstone's keen interest in the work of the Order, and that as soon as she arrived at Pretoria she invited the Superintendent-General, Miss J. E. Pritchard, to spend a few days with her, and acquainted herself with the progress going forward in every detail.



THE DOROTHY CENTRE.
KING EDWARD VII. ORDER OF NURSES, KRONSTAD, O.F.S.

It is almost incredible that men in the position of Guardians should make themselves so ridiculous.

One of the most delightful of social functions at the Royal Infirmary, Glasgow, is the Annual New Year's Day Meeting, at which the Lord Provost presides. Mr. Dunlop, the Lord Provost this year, is taking advantage of the occasion to compliment the staff on the way in which they have played their part since the outbreak of war, and right well do the nursing staff deserve the compliment, from the Matron, Miss Melrose, downwards.

Recently one of the nurses has found herself caring for the wounded at the hospital, which has been given up to the military authorities for those wounded soldiers who are too bad to be moved to Johannesburg, Pretoria, and Bloemfontein. Miss Pritchard writes from Kronstad: "I was stationed here during the Boer War, and it is strange that I should have returned, after many years, just in time for more fighting in the district. The eddies of this terrible war wash far."

It is inevitable that the whole world will suffer in this war.

The Nursing Journal of India, discussing editorially Miss Fox's "First Lines in Nursing," says:—

"While we are in a hortative mood there is one other thing in a little book which is reviewed elsewhere in our pages, and against which we wish to protest. Miss Fox says in her 'First Lines in Nursing,' that the pupil nurse should always call the doctor 'Sir.' We feel sure that there can never be the proper relation of intelligent co-operation with the doctor, on the part of a nurse, if she is taught this domestic servant attitude. There must be respectful formality between doctors and nurses for the sake of ward discipline and the greater ease of the patients and the nurses in what would be otherwise trying ordeals. But to put into the mouths of nurses an expression which no other woman uses except a menial for her master is certainly more than any doctor would wish to require of a woman, who was fit by education and natural capability to learn to help him with his patients. This suggested practice may not differ materially from the regulation in force in some hospitals in America that the nurse shall always stand to write the doctor's orders, but somehow it seems more servile. Such an admonition might have been appropriate to such nurses as those to whom Miss Nightingale wrote in 1872, pupils' some of whom had had very little schooling, and did not easily read or write, but it should not be required of educated young women to-day."

We shall be pleased to hear opinions on this question. "Sir" is a title of respect—not used alone by domestics to their employers, but in many well-disciplined professions from a junior to a senior officer. It is in this sense that it is used in the relations between the medical officer and nurse, and helps, in our opinion, to maintain good discipline in a ward. It is not so long ago that children treated their parents with marked respect, and sons addressed their fathers as "Sir." We think no hardship would result from a little more reverence from youth to age in these free-and-easy times.

CHRISTMAS IN THE HOSPITALS.

In the civil hospitals throughout the country Christmas Day was observed as usual, nothing being omitted which added to the happiness and enjoyment of the patients. Entertainments of a comic character are not taking place this year, but everyone rightly felt that so far as the patients, and especially the children, were concerned, no difference should be made—therefore everyone worked with right goodwill to bring as much brightness and happiness into the day as possible. Many wards were beautifully decorated, and from the reports which have reached us, and which we regret we have not space to print in detail, the enjoyment was

general. Of course, toasts at the nurses' tables were general, "The King," "Our Allies," "Our Brave Defenders," being the most popular.

In regard to the Military and Territorial Hospitals, the authorities and the medical and nursing staffs combined in their endeavour to make the day one to be remembered by the sick and wounded within their walls. In all of these the Christmas cards sent by their Majesties the King and Queen gave great pleasure, and in many instances each man had quite a pile of gifts besides. It was the aim of the nursing staff to provide for each one some article which would be of real service when he returned to the trenches, and many were the mufflers, socks, gloves, and other woollies, besides smokes and other gifts which each patient found awaiting him on Christmas morning.

THE POOR LAW INFIRMARY MATRONS' ASSOCIATION.

At the Annual Meeting of the Poor Law Infirmary Matrons' Association, held at Chelsea Infirmary, the following Resolution was carried, and subsequently forwarded to the President of the Local Government Board through Miss Barton:—

SIR,—The Poor Law Infirmary Matrons' Association beg to be allowed respectfully to draw attention to the following points in connection with the lamentable suicide of the Superintendent Nurse at the Barnet Workhouse Infirmary—points which the Association has already attempted to lay before the Local Government Board both by letter and by deputation, viz., the difficulty, and sometimes impossible position, in which the Superintendent Nurse in unseparated Workhouses is so often placed when she has not the control (under the medical officer) of the nurses and nursing, and her authority with the nursing staff is overridden by the Master.

The Association would also point out, what was reiterated in many of the letters forwarded by them to the Local Government Board, the need that is often felt by Superintendent Nurses, of some power of *direct appeal* and for the hope of support in cases where, under great difficulties they are earnestly striving to do their duty faithfully and uphold the best nursing standards. The local power of the Master is very great, and if his views on nursing matters and those of the professional nurse do not coincide, she has often for the sake of peace to submit to petty tyrannies or else lower her nursing ideals and give up her position as head of the nursing staff.

The result is that too often the best and most suitable women will not undertake these positions, and the sick poor therefore are the sufferers.

E. C. BARTON,
President, P.L.I.M.A.

PROFESSIONAL REVIEW.

"PRACTICAL BANDAGING." *

The manual of "Practical Bandaging," including Adhesive Dressings and Plaster of Paris Bandages, by Dr. E. L. Elhason, A.B., Assistant Instructor in Surgery in the University of Pennsylvania Medical School, recently published by the Lippincott Company, is an admirable exposition of the whole subject, and should be widely studied. Its value is considerably increased by 155 fine illustrations, which indicate clearly the methods described by the author, and by the kindness of the publishers we are able to reproduce two of these.

In his preface the author states that "an endeavour has been made to clear up a number of points in the application of bandages, that have been more or less indefinitely presented heretofore. All the recognised classical bandages in common use are described. In addition, however, the author has added paragraphs or illustrations of methods or turns which have been found more efficient in his experience. . . .

"Due to the increasing usage of gauze bandage, the pliability of which covers a multitude of sins, there is a tendency to neglect the fundamental principles of bandaging. One should remember that every bandage properly applied takes less material, retains its place better, and gives a much better impression than one improperly applied. . . .

"The work is meant merely to describe the various dressings and their application. No attempt has been made to consider the indications for such dressings."

The subject is discussed under five sections:—
(1) Roller Bandages, (2) Miscellaneous Bandages, (3) Elastic Bandages, (4) Adhesive Dressings, (5) Plaster of Paris or Gypsum Bandages.

FUNDAMENTAL FACTS.

Concerning the fundamental facts connected with roller bandages we read: "A roller bandage

* J. B. Lippincott Company, Philadelphia, and 16, John Street, Adelphi, London. 6s. net.

is a strip of material of any width or length rolled upon itself to form a compact body. It may be rolled from one end, single roller, or both ends, double roller. When the word bandage is spoken of, unqualified, a single roller is meant. The roller has an upper and lower edge, an inner and outer surface, a body, an initial or free end, and a terminal or hidden end.

The purposes of a bandage are to retain dressing, to render support, and to make compression.

"The material composing the bandage depends on the purpose of the bandage. Bandages for retaining dressings are of gauze or muslin. Gauze is oftenest used as it is soft and pliable and lends itself easily to the shape of the part covered. Flannel and sheet wadding are used for protective dressings, as, for example, beneath plaster of Paris.

Crinoline or tarlatan is used in the production of the common plaster of Paris bandages for fixation dressing or 'cast' of a permanent nature, as for fractures and dislocations. Elastic bandages are employed for compression either as a tourniquet or for general uniform pressure, as in treatment of leg ulcers, varicose veins of leg, joint affections, shock and hæmorrhage."

REQUISITES OF A BANDAGE.

In relation to the requisites of a bandage we read: "The desired result should be accomplished with the least turns possible. All similar turns

should, as far as possible, have the same distance between them, and their edges as near parallel as possible. Each turn must be evenly and firmly applied, showing no wrinkles or ravelings or gaps between turns. The surface of the bandage must be flat on the part bandaged. If applied too loosely the bandage displaces easily. If applied too tightly, it is uncomfortable, and may obstruct the blood supply, causing swellings, discolouration, numbness and tingling, pallor, coldness, or subsequent gangrene if tight enough to shut off blood supply. In applying turns near a joint care should be taken to have the joint in the position in which it is to remain after the dressing is completed. Special care must be taken with regard to bony prominences that they are well



FIGURE 8 OF THE BREAST.

protected by the interposition of cotton. Skin surfaces ought never to be bandaged in direct contact. Always interpose gauze or lint whenever possible. Leave some portion of the part distal to the bandage exposed whenever possible, in order that the circulation may be watched. In applying a simple circular bandage around a cylindrical part, place the initial extremity at right angles to the axis of the part."

We think that any pupil nurse who absorbs the instruction given in the foregoing paragraphs could give a very good account of her knowledge of the theory of bandaging in an examination.

Our first illustration shows a figure of 8 of the breasts (Kiwisch) described as follows:—

"After applying two or three turns of a suspensory of both breasts, cover the breasts by three or four spiral turns and then by three or four figure of 8 turns to compress the breasts, passing under the right breast, over the left breast, around the back, then over the right breast, under the left breast and around back. Repeat three or four times, ending the bandage by a circular turn across both breasts."

ELASTIC BANDAGES.

Dr. Eliason describes three types of elastic bandages:—

1. *Martin's Rubber Bandage.*

—A strip of rubber from 2 to 4 inches wide. No reverses are used and very little tension is applied. It is preferable to have a gauze or flannel bandage next the skin to absorb the moisture. The dressing should be kept free from all ointments, oils, ether, &c., which are harmful to rubber. The Martin's bandage should be removed at least once in 24 hours to allow it to dry out. It is secured by two tapes attached to one end.

2. *Elastic Webbing* is made of a rubber or elastic net work covered with a fabric of cotton or silk. No gauze or flannel is needed next the skin. It possesses the distinct advantage of permitting evaporation of perspiration.

3. *Esmarch Tube or Tourniquet.*—A rubber strap 5 feet to 6 feet long, with a hook at one end and a chain at the other. Its chief use is as a means of preventing hæmorrhage from wounds in the extremities.

Elastic Fabric Bandage.—This is made entirely of cotton woven in a manner to allow stretching almost equal to that of rubber. It possesses all the advantages and qualities of a bandage inter-

woven with rubber, yet is lighter, more durable, permits evaporation, may be washed repeatedly, and has no odour. It is readily sterilized and can be kept indefinitely.

Unna's Dressing.—This is composed of layers of gauze bandage soaked in Unna's paste, which, when cold, has a gummy elasticity. The dressing is often used to give support to the lower leg, as in varicose conditions. Fenestra may be cut in the dressing to permit attention to underlying conditions, such as ulcers.

ADHESIVE DRESSINGS.

Adhesive plaster dressings are used chiefly for support, fixation, and compression in sprains, fractures, and chronic exudative conditions in tendons, bursae, &c.

Precise directions are given as to their application.

The manner of the removal of adhesive from the skin is, it is explained, very important. The ends may be freed and the plaster drawn back upon itself, the skin being gently pressed down, away from the adhesive surface. "Another dry and more rapid method is to free an end and then with a quick jerk remove the plaster. This sometimes carries the outer layer of the skin with it."

Solutions such as ether, alcohol, benzine, gasoline and turpentine may also be used, applied to the under surface of the plaster with cotton or gauze.

Our illustration gives an excellent example of the strapping of a knee.



KNEE STRAPPING.

PLASTER OF PARIS OR GYPSUM BANDAGES.

Many probationers and junior nurses to whom the methods of preparation and application of plaster bandages are somewhat of an enigma would benefit by studying the lucid instruction given

by Dr. Eliason on this subject. To an expert the subject is rather a fascinating one, and the application of plaster can be brought to a high degree of perfection. It is not everyone who knows that a pinch of salt dissolved in the water in which plaster bandages are soaked will hasten their setting when applied. Vaseline may be rubbed into the operator's hands in the absence of gloves to prevent the plaster sticking to them. Discarded plaster in the basin should not be poured down the waste, as it will harden and close the drain pipe.

LEAGUE NEWS.

The Annual Re-union of members of the Kensington Infirmary Nurses' League will be held at the Infirmary, Marlow Road, S.W., on Wednesday, January 6th. It will open with a reception in the Board Room at 3.30 p.m., an Organ Recital will be given by Dr. Hickox at 4.15, and there will be a service in the church at 5 p.m.

In the evening, at 8.30 p.m., the Lady Mayoress of Kensington will distribute Prizes and Badges to the members, to be followed by a dramatic entertainment and concert.

The annual *League Journal* is just to hand. It contains many articles of interest to others as well as the members of the League, and some delightful pictures—groups of the Matron and the nursing staff, of the Infirmary wards all gay with flowers, of the hospital yacht *Albion*, on which Sister Penley has been doing such good work in the theatre, when bringing our wounded across the Channel. This yacht belongs to Mr. Loeffler, and is beautifully fitted to hold sixty patients, and he has been most kind and thoughtful to the nurses, providing them with rugs, coats, and rubber shoes for the deck. Sister Penley has evidently had an entrancing experience, of which she writes:—"We usually leave Southampton one day, embark patients at Boulogne the next, and disembark at Southampton the following morning, after doing all their dressings and making them as comfortable as possible. We take it in turns to do night duty—two at a time, so our turn only comes once a week—and there is always a steward to see to our meals. We are all agreed we are in clover. Never in my wildest dreams have I imagined anything so delightful. Our cabins are luxurious—only two berths in each, and lots of room for our things."

There are also interesting letters from Probationer Jordan, who has gone to Calais with the Women's Mounted Yeomanry Corps, and has been under fire in the trenches, where, when she went in to work, she had to crawl on hands and knees; she recounts many exciting experiences under fire. One night she slept on a bed of straw on a marble floor, and got a rest by lying down with the wounded after dressing their wounds. We fear this probationer will find the rest of her training, if she lives to return, very, very monotonous!

Preparations are stated to be in progress in Tokio for the dispatch of a Japanese Red Cross detachment to Paris, consisting of thirty of Japan's best nurses.

LEGAL MATTERS.

The trial in the High Court at Edinburgh of Kate Hume, of Dumfries, accused of having concocted letters alleging that her sister, while working as a nurse in Belgium, had been mutilated by German soldiers, concluded on Tuesday. The accused admitted the charge, and the defence was that she was obsessed with the cruelties of the Germans, and was seeing and imagining the things she wrote. This was the line taken by medical experts, Dr. Clouston saying that she might conjure up in her mind vivid pictures which could not be distinguished from the real.

The jury found the accused guilty, but recommended her to mercy, and she was released on probation.

DIOXOGEN.

Among the numerous germicides that have come into vogue since the inception of the antiseptic era, none has a wider range of usefulness than "Dioxogen," supplied by the well-known firm of Messrs. Allen & Hanburys, Ltd., Bethnal Green, London, E. It is a powerful antiseptic, disinfectant, deodorant, and styptic, devoid of the irritating and poisonous qualities of most of the other antiseptics, and therefore capable of being applied freely without inconvenience or danger. The merits of "Dioxogen," which are abundantly demonstrated by chemical analysis and by clinical and laboratory experiments, lie in its purity, uniformity and constancy of composition.

It is claimed that "Dioxogen" is equivalent in germicidal strength to pure 100 per cent. carbolic acid, yet it is absolutely harmless to healthy tissues, and that therefore it is particularly indicated for use in Hospitals and Nursing Homes, especially where wounded soldiers or sailors are receiving treatment. Used on fresh wounds "Dioxogen" stops bleeding, prevents suppuration and systemic infection, and promotes cicatrization; it is equally valuable as a topical remedy in septic conditions.

SANATORIUM CASE REGISTER.

Mr. H. K. Lewis, medical publisher, of 136, Gower Street, London, W.C., has just published a Sanatorium Case Register, designed by Mr. G. M. Mayberry, B.A., L.R.C.P., Resident Medical Officer, Dagenham Sanatorium, Essex, which should be very useful for keeping a complete record of cases in Sanatoria.

The Register Sheet measures 23 in. by 11 in. The left half is arranged for a complete record of the patient, including family history, previous illnesses and treatment, signs and symptoms of present illness, and general appearance, etc. The lower portion of this side is occupied with diagrams of Thorax (front and back) for recording physical signs on admission and on discharge, diagrams of the larynx, spaces for temperature, weight, pulse, etc.

The cost is £1 5s. for a book of fifty forms with index, or £2 for book of 200 forms.

OUTSIDE THE GATES.

WOMEN AND WAR.

One of the institutions to suffer heavily financially from the War is the London Institution for Lost and Starving Cats, 34-42, Ferdinand Street, Camden Town, London, N.W., the President of which is the Right Hon. the Earl of Haddington, K.T. The work of the society is heavier and its receipts almost nil, and it has no capital to fall back upon. Who can listen unmoved to the following appeal?

"The cats come in greater numbers, sometimes about 100 cats in one day. The Germans in great numbers have left their homes, and their cats and dogs behind to starve. . . . All our pets have been destroyed to avoid cost of keep, but the rescue work of strays must be paid for. It is dreadful to have to ask for help for animals when our poor, and the nation, and dear soldiers require so much, but animals have rights, and animal lovers will feel for me when I plead for the crumbs from the rich man's table to help our poor little four-footed friends, whose greatest and last boon we can at least grant them—a peaceful end, death in sleep, in place of the horrors of desertion, misery, starvation, slow death, perhaps in torture and agony." The Hon. Manageress, by whom donations will be gratefully received, is Mrs. Z. C. Morgan.

BOOK OF THE WEEK.

"THE WITCH."

Miss Mary Johnston in her new book has given her readers a story widely differing from the martial tales which have formed the theme of her recent works. True "The Witch" tells of stirring times, but the incidents recorded are enacted in England, and the period is the close of Elizabeth's reign and the ushering in of that of James.

Black magic, described by a pen like Miss Johnston, promises the reader a *creepy* hour, and those who enjoy such sensations will not be balked.

It seems incredible in these days that the story of Joan Heron and Master Aderhold could be possible, but though the people are fictitious yet they represent other unfortunate people of those times who were sacrificed in like horrible fashion to the blind superstition and sour prejudice of the age.

Master Aderhold, a physician, and incidentally an agnostic, paid the price of his opinions, in the early part of his manhood, by loss of occupation, and consequent privation. But he was a philosopher and of simple habit, and after many vicissitudes earned a precarious living among the poor folks in the village adjoining Hawthorn Forest.

It was in a cottage on the other side that Joan Heron dwelt with her father, who did scrivener's work for a livelihood. . . . Not long had she returned there, for she had had a long sojourn with her uncle, the huntsman, above the town—so much greater than the Hawthorn village.

It was there that pretty Joan had become accustomed to bright things, such as bustle in streets, music in church, occasional processions and pageants, fairs and feast days. The sour Puritanism had so far not touched her young life.

She sang as she worked a brave young carolling of Allan-a-Dale, John à Green, Robin Hood and Maid Marian.

"Look you, Joan. Goodman Cole and I have been discoursing. We were talking of religion."

"Aye," said Joan. She spread a white cloth on the table, and set in the midst a bow-pot of cherry-bloom. "Religion. Well?"

"You should say the word with a heavier tone," said old Roger. "Religion. Things aren't here as they were at your uncle's, rest his soul."

"Doth it help anything when I am sad?" said Joan, beginning to sing.

"Stop, child," said old Roger. "I'm in earnest, and so must you be."

"I like to go free, and I like not mim-mouth and a downward look. But I like not to bring trouble upon you, father; and I do not like either for them to set upon me for ungodliness, nor to have some cry fool upon me for a witch."

The little picture drawn of Joan would make it seem ludicrous that the term "Witch" could be dreamt of in connection with her.

She wore a small cap of linen and a linen kerchief, a grey-green gown that she had spun and dyed herself. She was tall and light upon her feet, grey-eyed and well-featured, with hair more gold than brown, with a warm, sun-flushed, smooth, fine textured skin, and a good mouth and chin.

Later, when the plague attacked the village, and numbered among its victims Heron, Joan's father, she was left unprotected and alone.

She was subjected to the unwelcome attentions of Harry Carthew. "A Puritan strict and stern, always with the minister, he walked with the Bible and by the Bible."

Joan tells him in no measured terms: "Thou hypocrite, thou pillar of Hawthorn Church. Thou plain and beast-like man who wanteth but one thing, and knoweth not love but lust."

It came about, A word here, a hint, there, gathering like a cloud around her, and Joan was arrested on a charge of witchcraft, and Master Aderhold of sorcery.

Their daring escape from the prison, their wandering together for six years and growing love for each other holds the interest of the reader. Their re-arrest seems almost too terrible, and we leave them at the prison door.

"Now they had these last moments side by side. Their hands might touch, their eyes be eloquent. Fare-well—and farewell—and oh, fare you well love—my love." H. H.

COMING EVENTS.

January 3rd.—Day of Intercession in all the Churches.

January 6th.—Kensington Infirmary Nurses' League Annual Reunion. 3.30 p.m. Prizes and Badge Distribution. 8.30 p.m.

January 14th.—Lecture by Mr. Allen S. Walker (Hon. Secretary, British Archaeological Association) on "Glimpses at the War Area in Europe," Sion College, Victoria Embankment, 3 p.m. Tickets from the Hon. Secretary, University of London Extension, at the College. 2s. 6d. and 1s. Profits for *Daily Telegraph* Belgian Shilling Fund.

January 20th.—Central Midwives Board. Hearing of Penal Cases, Caxton House, S.W. 11.30 a.m.

A WORD FOR THE WEEK.

Dead leaves and leafless trees are all around,

Cast thou the dead leaves of thy sins away ;
The snowdrop spikes are thrusting through the ground,

So rise to holier effort day by day."

—*Hoel Caerlion.*

"Let come what will come,
God's will is well come."

—*Old Motto.*

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

A MERRY CHRISTMASTIDE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am sending this line to wish you a Merry Christmastide; may you all soon have the comfort of peace and success. I can well realise the heavy strain you are all enduring, and I feel indignant about the untrained nurses being allowed to go to the front. Our defence department asked the Volunteer nurses to produce their Royal Victorian Trained Nurses' Association certificate. Registration will be brought nearer to you now surely.

Yours faithfully,

GRETIA LYONS.

Collins Street, Melbourne.

DIET AND CANCER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I note in an American medical journal that Dr. Duncan Q. Bulkley says that cancer has increased enormously as diet has become more luxurious, especially in the eating of meat. It is stated that mice living on a rice diet cannot be inoculated with cancer, while those placed on a diet of meat easily fall victims. He treats both primary and recurrent cancer with a vegetarian diet with gratifying results and believes that the extensive use of meat produces cancer in some cases. I am a vegetarian, and wonder that more nurses are not, as many nurses tell me their work disinclines them to eat meat. I have inquired but

cannot find in any hospital that vegetarian diet is provided for the nursing staff, even if they prefer it. Would not this be possible? I feel as well again since I ceased to eat meat, and can do a hard day's work without fatigue.

I am,

A DISTRICT NURSE.

[Our readers will perhaps say if the dietary in any hospital they know includes a vegetarian bill of fare. Many nurses eat very little meat.—ED.]

QUOTES FROM ANONYMOUS LETTERS AND CARDS RE THE RESOLUTION OF THE NATIONAL COUNCIL OF TRAINED NURSES SENT TO THE PRESIDENT.

"You are no lady or you would not criticise the work of untrained ladies trying to do their best in time of war. I hope you will have a smart rap over the knuckles from the War Office for your interference."—M.D."

"We V.A.D.s give our services, you and your so-called trained hirelings know a trick worth two of that. Our friends pay for the upkeep of Red Cross Hospitals—then who has a better right to run them?"—COMMANDANT."

"You nurses think much too much of yourselves. I heard a soldier say the other day he much preferred a pretty young Red Cross Nurse to a withered professional. He said your feelings were as starched as your caps and aprons, whilst our sympathetic handling was mesmeric."

"You may think yourself a very important person with your Presidents and National Councils, but see what Lord Knutsford thinks of you. He doesn't believe in all your training, they give dozens of girls a chance for a few weeks at the London. All the ladies of title train there, and are equal to any of you when they get to the front, if not better. Live and let live is my motto." (We hope this scribe includes our gallant defenders when they get into her clutches. The really interesting thing about anonymous correspondents is, that they write what they think and feel.—ED.)

OUR PRIZE COMPETITION.

QUESTIONS.

January 9th.—State how to make, and the uses of, Pastes and Plasters.

January 16th.—For what conditions is tracheotomy done, and what instruments are required for the operation? Describe the after care of the patient.

January 23rd.—Discuss the management of a patient whose tongue has been excised?

January 30th.—Mention the most delectable drinks for invalids, and how to make them.

NOTICE.

We hope that all subscribers to THE BRITISH JOURNAL OF NURSING will make a point of sending their subscriptions to the Manager, 431, Oxford Street, London, W., early in the New Year; and that they will get friends to subscribe and so support the only weekly professional nursing journal in this country, as apart from those run as commercial speculations by laymen.

The Midwife.

THE MATERNITY HOME FOR BELGIAN REFUGEES, FOLKESTONE.

When the first rush of Belgian Refugees arrived at Folkestone, it was quickly realized that one of the urgent needs was a maternity home, as many of the women arriving were pregnant. Mrs. Muir, a wealthy philanthropic resident, promptly took the matter in hand and wisely began by asking Miss Jones, a trained nurse whom she knew well, to take charge. An empty house in the Sandgate Road, recently a coal office, was lent and very quickly furnished through the kindness of Mrs. Muir and others, all the rooms were fitted with gas stoves, so that the poor weary folk should not suffer from the chilliness of the ordinary English house. But almost before the house was ready a poor lady arrived and her baby born. She had fled from Brussels in her dressing gown, and her husband without stopping for overcoat or boots, before the invading hordes.

Very rapidly the house filled, and the next house (fortunately empty) was also lent. So great was the rush that over 60 people were being fed daily (these were simply the expectant mothers and their families, of course others were being cared for elsewhere), and the two houses with their eighteen to twenty rooms were filled to their very utmost capacity.

Whole families came in together and would not be parted for fear they should lose their dear ones, as many have done, as well as their material belongings.

It was then absolutely essential that a maternity home proper should be arranged, and yet another house in the same road was taken and fitted up solely for the maternity cases. To this house the mothers are taken at term and are kept until they are convalescent, and ready to return to their families and friends.

Everything possible is done for their well-being and comfort; they are given of the best of everything and Mrs. Muir's great wish is that in every way they should be treated as honoured guests.

The wee bassinets have been made from Japanese baskets, well and softly lined and furnished with dainty soft blankets and sheets, all except one which was made from a banana box by two servants, but it was just as comfy and represented just as much, possibly even more, care and sympathy as the others, and one likes to visualize the pleasure of those two, working busily during all their spare time to help other women in their sore and pressing need.

The babies all looked so sweet in their dainty little nighties and white woollen shawls, and in spite of all past horrors the exquisite joy of motherhood illumined the faces of the young

mothers with their first born; they were indeed supremely happy for the time being. Truly, "Sorrow may endure for a night, but joy cometh in the morning." Many and terrible are the stories of suffering and privation, not to mention other horrors through which these poor people have gone. One young mother, who was there waiting her third child, was so haunted by the sight of her home burning that nothing seemed able to turn her thoughts from it, and in her sleep she would start and cry "Brûlé, brûlé." Now she has been installed in a cottage near by with her family, and it is hoped that the loving sympathy by which she is surrounded is gradually effacing some of the past horror.

Another mother with her two tiny children, who is there awaiting the third, is with the help of her own mother and a nurse endeavouring to win her baby of ten months back to health, with, it is now hoped, some slight chance of success. She was possessed with the fixed idea that buttermilk, and only buttermilk, would save the child, so buttermilk, is being obtained from a far distant farm at some expense, and the child seems to be improving somewhat.

Still another mother pathetically shows the key of what was once her home and says, "C'est ma maison, c'est tout que j'en ai," which is literally true as it, with many others, has been razed to the ground.

One poor thing was on board a boat for five days, going back and forth from coast town to coast town seeking refuge and finding none, until she was landed at Folkestone and there found a haven of rest. Another spent days in a cellar whilst the Germans bombarded the town, and so each one adds her tale of woe and suffering until one's heart and eyes fill, and throat contracts, and one turns to the new life just opening, praying that it may at least benefit in the future by the suffering of the present.

A large majority of the babies born are, as is right, boys, and christening days are grand fête days for all concerned.

Of course one expects the names to be patriotic, but one hardly thought to hear that not only were the boys called Albert but George Raymond Nicholas as well, thus personifying in their own wee bodies the Entente Cordiale. Miss Jonts, the Lady Superintendent, adores and is adored by all the children; being a real child lover and full of sympathy for her guests she spends herself un sparingly to make them as happy as possible, and gave them a grand fête for St. Nicholas. There was a Christmas tree, with useful presents for everyone, provided by many kind friends, and the sixty who were able to be there happily kept their fête although in a strange land.

Some few husbands are with their wives, and so soon as health permits are drafted on to other parts of the country.

The Home has been taken over by the Belgian Refugee Committee, who will, I know, be most grateful for any gifts of men's and boys' boots and clothing, as well as garments for the women and children.

Folkestone has become a town of Belgians, and one hears little but French and Flemish spoken in the streets.

Regardless of the lateness of the hour, and not being visiting day, we begged permission to peep into the temporary hospital for the Belgian soldiers, which was rather reluctantly given. Only a few men appeared to be confined to bed; happily, most are now convalescent and were reading, smoking, or playing games in the recreation room, where they appeared to thoroughly appreciate the comfort by which they were surrounded after the terrible experiences through which they had so recently passed.

MARY BURR.

MATERNITY AND HEALTH VISITING.

The London County Council at its last meeting considered a recommendation from its Local Government, Records and Museums Committee in connection with St. Katharine's Hospital, concerning which, in the rules recently made, it was declared to be the wish of Her Majesty Queen Alexandra to restore to the poor of East London the benefits of the foundation, and that for this purpose there was to be established "as near as may be to the site of the ancient foundation of St. Katharine-by-the-Tower" a College for the provision of duly qualified resident health visitors to devote themselves mainly to maternity and health visiting working in the poorer districts of East London, and for the training of students for such work. The Committee understands that premises at Poplar have been taken temporarily for the purposes of the college and that four health visitors have already commenced work there. The premises are about $2\frac{1}{2}$ miles from the site of the ancient hospital and the Committee recommended "that the Council expresses to the Chapter of the Royal College of St. Katharine-by-the-Tower its regret that in the recent leasing of premises for the purposes of the College the claims of the district contiguous to and in the immediate neighbourhood of the site of the ancient foundation have not been adequately recognised and hopes that in connection with any extension of the work or the establishment of a permanent institution therefore such claims will be fully met."

MEALS FOR NURSING MOTHERS.

A scheme has been inaugurated under the joint auspices of the Bradford Health Committee and the Bradford Maternity Care Committee for the provision of meals for poor nursing and expectant mothers. A dinner is to be provided each day. The food is cooked at a central kitchen and then taken by motor van to different centres.

A WELCOME CHRISTMAS GIFT.

Her Majesty the Queen has graciously sent a Christmas Donation of £10 to the East End Mothers' Lying-In Home, 394, &c., Commercial Road, E.

INTERESTING ITEMS OF KNOWLEDGE.

From the *American Journal of Nursing* we gather the following interesting items of knowledge:—

INFANT MORTALITY.—*The Canadian Medical Association Journal* says that the decimation of armies by war, and of nations by pestilence, is a tragedy which is exceeded by the infant mortality which we regard with calmness. A new-born child has less chance of living a week than a man of ninety, and of living a year than a man of eighty. Over 3,200,000 infants, less than a year old, perish annually in the countries forming the civilised world, or, in other words, one infant dies every ten seconds, every hour of the twenty-four.

THE RÖNTGEN RAY AND INFANT FEEDING.—At a meeting of the New York Academy of Medicine it was stated that radiography has shown the fallacy of the old idea that the stomach is vertical in infancy. The posture of the child after feeding is therefore of importance. It is recommended to hold it upright against the mother's shoulder to give an opportunity to get rid of an accumulation of gas, and to interrupt the feeding, if necessary, for this purpose. Colic, indigestion and regurgitation may be lessened or prevented by posture. If regurgitation is feared, the child should be placed in bed in the prone position, with the head of the bed somewhat elevated.

IMMEDIATE RELIEF FROM PAIN UNDER RÖNTGEN RAYS.—A writer in a Berlin medical journal says that not enough attention has been paid to the analgesic action of the Röntgen rays. A sprained hip-joint causing constant pain was immediately relieved by exposure to the rays. There was no pain for a week, then a mild recurrence which subsided after a second exposure. It has also been effectual in relieving pain in tumours, leukaemia and pelvic disease. It will probably prove equally potent in neuralgia, gout, deforming arthritis, furunculosis, malarial spleen and tuberculosis.

NITROUS OXIDE ANÆSTHESIA IN OBSTETRICS.—In a report in the *Journal of the American Medical Association* it is stated that the administration of nitrous oxide during labour retards the process very little, if at all, it does not produce muscular relaxation beyond that of normal sleep. Its action is rapid and transitory, not irritating or unpleasant to inhale, gives relief from pain and accelerates labour without disastrous results. There is no predisposition to post-partum hæmorrhage and involution is not delayed.

There seems no reason to deprive women in labour of this merciful alleviation of pain.

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EDITORIAL.

THE NEW PHARMACOPOEIA.

The fact that in most British hospitals the education of nurses in regard to the drugs they are called upon to administer is practically neglected, renders it the more essential that nurses should themselves obtain an elementary knowledge of their uses and action. Just as it is now recognized that a nurse is an unsafe assistant to the surgeon unless she understands the principles underlying the practice of aseptic and antiseptic surgery, so she is an unsafe assistant to both physician and surgeon, unless she knows something of the drugs which they prescribe and she administers or applies, of the usual doses prescribed, of the effects they are intended to produce, and of the symptoms of over dosage.

Opening the last few volumes of this JOURNAL quite casually, we find recorded a number of deaths through errors in the administration or application of drugs—the death of a patient in an Irish hospital, who was so ill that it was doubtful how long he would have lasted apart from any misadventure, but which was certainly accelerated by the administration of a dose of crocylic acid, or some other constituent of tar oil in mistake for house mixture. The death of a patient in a provincial hospital, owing to a solution of carbolic 1 in 3 having been applied to her head by a probationer, instead of a diluted solution; the death of a patient at a London hospital, when the evidence at the subsequent inquest proved that the knowledge expected of the nurses concerning the effects of poisonous drugs was elementary. Quite recently there was a holocaust at Bethlem Hospital owing to an error in dispensing. All of which goes to show how easily fatal accidents may occur through any error on

the part of doctor, dispenser, or nurse, and the necessity for sound knowledge on the part of nurses concerning the dangerous drugs which they handle many times in the day.

For these reasons (although dispensing is not in the province of the trained nurse, unless she takes it as an additional qualification, and a very useful one too) we consider it essential to draw attention to the issue of a new British Pharmacopœia which came into force last week. It is specially important for two reasons, firstly because the metric system of weights and measures is introduced, at present as an alternative, but no doubt shortly to supersede the imperial system. Incidentally, as it now behoves all nurses to acquaint themselves with the metric system we may remind our readers that it is fully described, and compared with the apothecaries' measures in Miss Pope's Medical Dictionary for Nurses.

Secondly because in a number of instances the strength of dangerous drugs is changed. Tincture of opium is 33 per cent. stronger than formerly, and tincture of strophanthus is four times as strong. The pre-eminent influence of opium is upon the brain, as a stimulant, hypnotic, and narcotic. In poisonous doses it may cause prostration with profound coma. Strophanthus acts directly on the muscular tissue as a tonic, increasing its contractile power, and in poisonous doses, paralyzing it, and leaving it in a state of tetanic-like spasm. Nurses must therefore be on their guard, and if a full dose is ordered might inquire if the doctor intends it to be dispensed in accordance with the present pharmacopœia.

Those nurses who wish to learn elementary *Materia Medica*, as it is applied to their work, should study Miss L. L. Dock's *Materia Medica for Nurses* which they will find most interesting as well as illuminating.

OUR PRIZE COMPETITION.

STATE HOW TO MAKE, AND THE USES OF, PASTES AND PLASTERS.

We have pleasure in awarding the prize this week to Miss Amy Phipps, St. George's Infirmary, Raine Street, London, E.

PRIZE PAPER.

Pastes and plasters are most commonly prescribed for outward application; the latter always so, the former occasionally for internal use, such as when used in the form of confection of guaiacum.

A paste is formed by the blending of a solid with a liquid, in prescribed proportions, care being taken to keep the mixture from becoming too liquid.

The most common form of a paste is that made by the combination of drugs and a fatty base, the result being known as ointment (Latin, *unguentum*).

Every drug thus prepared needs individual preparation to get the best results. If properly made, pastes should be free from grittiness; watery extracts should be rubbed down smoothly in water before combining with the fatty base; soluble salts which are likely to crystallise should be rubbed smooth with a little oil, and again drugs of a deliquescent nature are best rubbed down with a little water first. Liquids which have to be incorporated should be added gradually to the fatty base and stirred slowly. A water bath, or heat in some other form, is usually necessary to bring about thorough incorporation.

The base of an ointment may be lard, paraffin, wool fat, almond oil, and many others. Cleanliness throughout the preparation of pastes is essential.

Ointment is sometimes used to rub into the skin, but its more general use is in the healing of wounds and abrasions, when it is usually spread on lint or linen. A special preparation known as Unna's paste is made hot for use, and is applied with a brush over a gauze bandage, and when cold affords a rest to the affected part. Plaster of paris is also used in the form of a paste for the same reason, though on a more elaborate principle.

Plasters are prepared by spreading some sticky substance containing the drug required on holland, leather, muslin, swansdown, &c., the two former being the most common.

In spreading a plaster, stretch the material carefully, as this will prevent it stretching when the plaster iron passes over it.

The plaster preparation is sometimes melted in a water bath; the plaster iron warmed, but

not made too hot, and cleaned before use. If the iron is too hot, the plaster may be decomposed, especially when it contains a volatile ingredient. For very small plasters, a spatula may take the place of the iron. When spreading, a margin of about half an inch should be left uncovered, to facilitate the removal of the plaster and to prevent soiling the clothing.

Emplastrum Cantharides is not spread by heat; and opium and soap plasters require very little heat. Blisters are usually spread upon adhesive plaster, with a small margin left bare. These latter are applied as a powerful counter-irritant; their application results in a blister, which is snipped, drained and dressed. Plasters are generally useful on account of their power of gripping and exerting a steady pressure over the affected part.

The skin is first washed, and the plaster snipped round the edges, heated, and applied, the skin being held on the stretch as much as possible. A large plaster should be perforated for the evaporation of moisture.

They are often used when a part is weak after injury, or to relieve pain, also for enlarged glands, syphilitic swellings, &c. Mustard plasters or mustard leaves are sometimes applied as counter-irritants. When ordinary adhesive plaster is used for strapping a limb to secure rest, the limb is usually shaved, otherwise much discomfort is caused in removal. The strapping is cut into strips and applied from below upwards, each strip overlapping two-thirds.

In all these applications evenness, neatness, and cleanliness must be carefully observed.

Dr. A. S. Blumgarten, writing in *The American Journal of Nursing*, says that pastes and plasters are usually applied (1) to relieve pain; (2) to dilate the blood vessels of the skin, and in this way to withdraw blood from the deeper tissues or organs, thus relieving congestion and inflammation of these organs; (3) to produce blisters. The rapidity and character of the effect produced depend on the strength of the drug contained in the paste or plaster.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. James, Miss J. Maclean, Miss E. O'Brian, Miss F. Simpson, Miss N. Johnson, Miss Bennett.

QUESTION FOR NEXT WEEK.

For what conditions is tracheotomy done, and what instruments are required for the operation? Describe the after-care of the patient.

AMPUTATION IN WAR SURGERY.

Dr. M. Fitzmaurice-Kelly, F.R.C.S. Eng., Temporary Lieutenant, Royal Army Medical Corps, and attached to No. 13 General Hospital, Boulogne Base, British Expeditionary Force, contributes to *The Lancet* an interesting paper on the above subject, in which he describes a method of amputation widely practised in the present war. He writes in part:—

"The first maxim of the surgery of the extremities at all times is, I take it, a rigid conservation, and this is far more true in time of war than in the ordinary work of civil practice. With careful treatment many injured limbs, the result of shell wounds (which, had they been caused by a motor omnibus, would have been condemned to summary amputation), make a good recovery, and leave a useful, if imperfect, member. Nevertheless, there remain cases, all too numerous, where the sacrifice of a limb has to be faced as the only safe course, and one is driven to amputate in conditions utterly different from those of any previous experience, in which the routine methods are inapplicable, or, if applied, bring disaster in their train.

"The object of the present note is to call attention to a method of amputation first suggested, as far as I know, by me, and now widely practised in the military hospitals of this part of France, both by British surgeons and by our French *confrères*. It has, I think, certain advantages over the methods previously employed, and in many cases saves life or limb. . . .

"The chief conditions calling for amputation in the present war have been compound comminuted fractures and gaseous gangrene; the latter one of the most terrible complications in the earlier days of the war, but apparently diminished for the time by the advent of colder weather. In both a virulent infection is present, and ordinary amputations are very frequently followed by recrudescence of the infection in the flaps. Further, the mortality following secondary amputations has in the past been high. It is impossible to make even a guess at the figures for the present war, but on the combined statistics of the Spanish-American and Boer Wars, Lagarde states it as 42.5 per cent. in the case of the thigh and 21.2 per cent. for the leg. In the present war, where gangrene has been a prominent feature, the figures, at any rate in the earlier days, would probably be higher.

"It has long been recognised that in war surgery amputation flaps should be cut rather

short, and in the present war the French surgeons soon found that it was better not to stitch them at all, but to pack gauze between the flaps. The method I advocate goes still farther—goes, in fact, right back to the dawn of surgery. It consists in a simple circular division of all the tissues, including the bones, at the same level, and that level the lowest possible. The skin is divided by a circular sweep, the muscles are divided at the level to which the skin retracts, and the bone is then sawn at the same level. The bleeding points are secured and tied, the nerves pulled down and cut short, and a dressing is then applied to the raw surface of the stump.

"The operation is, as will be seen, very simple and very rapid in execution, and the results have been surprisingly good. The stump is not painful if care be taken to shorten the nerves, and there is very little shock. Most surprising of all, it can be performed at the margin of gangrenous tissue, without, apparently, any danger of the gangrene spreading to the stump. . . .

"To sum up, the advantages claimed for the method are: 1. Economy of tissue. The amputation is performed at the lowest level at which a flap could be cut, or even lower, and all recoverable tissue is thus preserved. 2. It is applicable to otherwise hopeless cases, such as wounds or gangrene at the root of the limbs, and in these cases carries a much better prognosis than disarticulation at the hip- or shoulder-joint. 3. It is very rapidly done, and there is very little shock. 4. The surface from which septic absorption can occur is the least possible, and the drainage is free. 5. The nutrition of the stump is unimpaired; in this respect its advantage over a flap amputation is obvious. 6. It is so simple that it is within the range of everyone, and does not need an experienced surgeon for its performance.

"It has, I think, other advantages in particular cases. One in particular, that presents itself not infrequently, is the case of multiple wounds. As an example, a case in one of the French hospitals in this town may suffice. The patient was wounded by a shell which reduced the foot to pulp and sprinkled the whole limb with splinters to above the level of the knee. In this case it was urgent to remove the foot, and the presence of septic wounds in the leg made it impossible to obtain suitable flaps. The foot was removed by transverse section of all the tissues just above the ankle-joint, and the other wounds treated by free drainage. The patient made a good recovery with the loss of the foot only.

"The chief disadvantage of the method is

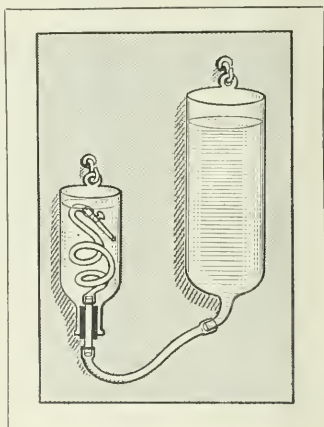
that a second operation—a re-amputation—is necessary. But this second operation can be postponed until the infection of the wound has disappeared, and can be undertaken in conditions wholly favourable as to time and place, and should therefore be without danger. It is, I think, an inconvenience rather than a contra-indication."

AN ASEPTIC IRRIGATOR.

Professor Dr. E. C. Van Leersum, of the University of Leyden, writes in the *Lancet*:—

Generally speaking, it is very difficult to keep the rubber tube and the cannula of an irrigator sterile. While this may be possible in a modern aseptic operation room, it is much less easy, or altogether impracticable, in the consulting room of the practitioner and in those provisional operation rooms of which so many are now established in the neighbourhood of the battlefields. There one is obliged to give up the principles of the aseptic method and to resign oneself to antiseptic measures.

The modification here described of the ordinary irrigator makes it possible, even under unfavourable circumstances and with the help of simple means, to keep the cannula and the tube absolutely sterile, and to prevent infection of the hands of the operator by a non-sterile cannula. The accompanying illustration will elucidate the principle involved. Let the rubber tube of the irrigator pass through the opening of another glass reservoir (a bottle without a bottom may serve), but so that the tube, with the help of a cork and a piece of glass tubing, fits exactly in that opening. This second reservoir serves to hold the tube and the cannula, which, of course, must be provided with a cock when not used, and contains an antiseptic solution. The apparatus being a kind of syphon, it is clear that the brim of the second reservoir must be kept at a lower level than the surface of the liquid in the irrigator proper, otherwise the contents of the latter would not flow when the cannula is taken out for use. Our illustration is reproduced by courtesy of *The Lancet*.



AN ASEPTIC IRRIGATOR.

THE NATIONAL COUNCIL OF NURSES.

In reply to several members of the Council who have not yet decided not to attend the meeting in San Francisco in June, we may reply that the Business Meeting of the International Council of Nurses will be held on May 31st, 1915, but no International functions or Congress will be held in connection with it. Four accredited delegates are allowed to each National Association of Nurses affiliated to the International Council, therefore the Hon. Secretary of our Council will be pleased to hear of any of our members who intend to go, so that four of them may be deputed to represent the nurses of Great Britain and Ireland officially, and to take our Report and greetings to the International gathering. It is improbable that another meeting will be held until 1918, but as British nurses have several invitations to visit foreign countries, should Peace ensue it is not improbable that an interim meeting to welcome it may be arranged. Our Council will watch events.

STATE REGISTRATION OF TRAINED NURSES.

With the re-opening of Parliament this month, it is incumbent upon all those who are working for the organization of the Nursing Profession through State Registration, to draw the attention of Members of Parliament to the importance of the Nurses' Registration Bill, to be introduced by Dr. Chapple, M.P., and the urgent need for its consideration. Never were the dangers arising from the lack of standards in the nursing profession more apparent, and all nurses who desire to protect the sick from attendance by incompetent persons, should urge that their Bill should receive the attention which is long overdue.

WELCOME HELP.

The President acknowledges with many thanks the following donations:—A. S. P., £1; Miss C. Crichton Stuart, 5s.; Miss E. J. Hurlston, 5s.; Miss E. M. Dickson, 1s.

NURSING AND THE WAR.

We have received the photograph of a trained nurse who is Lady Superintendent of a Red Cross Hospital, seated in the centre of a group of 27 Voluntary Aid members in full uniform, who are working under her in the hospital as nurses. With facts such as this constantly testified by the unimpeachable evidence of the camera, it is useless to deny that sick and wounded soldiers are being attended by women who are not trained nurses. One Superintendent cannot supervise the work of 27 raw probationers, which is what V.A.D.'s really are.

A writer in the *Sheffield Daily Telegraph* says:—"Boulogne is one big hospital, all the British wounded are brought here." In one he was told: "We have three young ladies of title here who act as housemaids, they scrub the floors, get up in the early morning and light the fires, and work unceasingly as though they had their livings to earn." Now that the hospital has been taken over by the military authorities, let us hope efficient scrubbers (ma'le or female), will be employed, so that a high standard of cleanliness may be maintained in hospitals abroad. From letters received this is not invariably the case. These excitable society girls had much better remain at home, and their parents pay towards the upkeep of an efficient domestic staff, if they really wish to help the wounded. One nurse writes:—"The mother of my patient expects me to 'maid' her when we come in at night, tired to death. She says "I dare not bring a maid." Of course she wears nurses' uniform. There are plenty of lady's maids in the hotels here. What exceeding folly it all is!

We imagine the newspapers little realise what harm they are doing in extolling the "skilled" services of women as nurses of the wounded who have never been trained. The press is flooded daily with fulsome praise of such dangerous services. The *Manchester Dispatch* tells us that there are women weavers "who are working at the mill every other week, and who devote their time in the alternate weeks in nursing the wounded."

We wonder what these trades union operatives would say if trained nurses did likewise, or what condition the weaving machines would be in if manipulated by hospital nurses! In a sorry press, we have no doubt. Yet are machines of more account than men? It would appear so. The *Dispatch* continues: "If there is to be any recognition in civil life for those who, whilst not actually fighting, are doing work in connection with the War that is indispensable, voluntary nurses should surely be amongst the first to receive honour. It does not seem a fantastic suggestion that there should be a nursing medal or some other distinction that would indicate national appreciation of very valuable services."

We very sincerely hope that nothing further will be done to encourage untrained women to meddle with our long-suffering soldiers. What the country owes them is the highest nursing skill and the reason they do not invariably get it is because voluntary labour is supposed to be cheap. Let the mill hand stick to her shuttle, and leave the trained nurse in aseptic charge of the sick.

We are glad to learn that Sister Helen Hay (of the American Red Cross Contingent), who has been ill while on duty in Russia, is now well again. From all we hear, the nurses working in Russia have a splendid field for service; indeed, much more than they can possibly cope with—what with hundreds of wounded men, and zymotic diseases resulting from insanitary conditions and the terrible hardships they have to endure.

From Amsterdam comes the following intelligence: In Germany even the hearts of female nurses are under the strictest control of the military authorities. Three nurses who, according to the *Kreuz Zeitung*, fell in love with three wounded French soldiers, were at once dismissed by the military commander at Dienenhofen, who severely reprimanded them, telling them that they were not sufficiently patriotic and were a disgrace to the nursing profession.

How that cherub with the bow and arrows must have smiled! We can imagine him letting fly his darts at the adamant heart of a military commander, and all the consequent confusion!

The first contingent of nurses to leave New South Wales, with the Australian Expeditionary Force, in the *Euripides*, included Miss Gould (Principal Matron), Miss Johnston (Matron), and Sisters Frater, Pocock, Kellett, Marshall, Twynan, and Miss J. Miles Walker. In all, twenty-five nurses accompanied the force now at work in Egypt; and, in addition, four nurses who accompanied Lieut.-Col. Bird, whose services have been accepted by the War Office. It is a wise arrangement that those Australian nurses should be stationed in Egypt instead of coming farther north. The main Hospital Service will include two field ambulances, a clearing hospital, two stationary hospitals, and two general hospitals—making provision, in all, for some 1,800 beds. A number of Army Nursing Sisters will be attached to this Service, under Surgeon-General Williams, Director of Medical Services.

Miss Gould was formerly Matron of the Sydney Hospital, and for some years has worked on the staff of the Public Health Department; and Miss Walker is Matron of the Tasmanian Army Nursing Service. Sister Kellett, whose position is that of Acting Matron at the Sydney Hospital, and Sister Marshall (Theatre Sister), have had leave of absence for as long as they may be serving at the Front; as has also Sister Pocock (Matron of the Gladsville Hospital). We learn from the *Australian Nurses' Journal* that Matrons will be paid £3 3s. per week; Sisters, £2 2s.; and each nurse

will receive 3s. 6d. per diem full allowance. The nurses provide their own kit, towards which an allowance of £15 is granted. The kit includes bedding; and nurses, like officers, provide their own mess stores.

Among recent additions to the nursing staff of the Australian Voluntary Hospital near Boulogne, are Nurses Blackmore, Vaughan Jenkins and Mackenzie, of New South Wales; and Nurse M. W. Milburn, of Victoria. This hospital is almost entirely staffed and maintained by Australians, whose generosity has been munificent. Sir Robert Lucas Tooth subscribed £10,000 at its inception; and tragic interest is lent to this circumstance by the fact that he has lost two sons in the War. Many Australians are contributing £100 a month while the War lasts. The nursing staff are all patriotic Australians, the majority trained in the best hospitals in the Commonwealth.

All overseas nurses have shown a splendid national spirit.

JOINT WAR COMMITTEE.

The following nurses have been deputed to duty under the Nurses' Branch of the Joint War Committee of the Order of St. John of Jerusalem and the British Red Cross Society:—

Miss McCall Anderson, R.R.C., has left for Brockenhurst for the purpose of supervising the nursing arrangements of the Indian Hospital, Brockenhurst, of which she has been appointed Matron, but which at present is not ready for patients.

AT HOME.

V.A.D. Hospital, Strood.—Miss Brewin.

Military Hospital, Southall.—Miss Knight.

Northwood V.A.D. Hospital.—Miss McGibbon, Miss Robina Brown.

Hillside Working, Basingstoke.—Miss Hodskins, Miss Cruickshank.

10, Cambridge Square, W. (Mrs. Campbell).—Miss McFadden.

Dane John Hospital, Canterbury.—Miss H. M. S. Thornton.

Northwood Hospital, Cowes.—Miss M. J. Jones, Miss Creed, Miss F. E. Clark.

Norton Manor, Norton-sub-Hamdon.—Miss Cardy.

Roseneath Hospital, Winchmore Hill.—Miss Cobbett.

Loversal Hall, Doncaster.—Miss Aked.

27, Grosvenor Square, W.—Miss Bindloss.

V.A.D. Hospital, No. 2, Ashley Manor Bellevue, Shrewsbury.—Miss Frawley.

Kingsland House, Shaftesbury, Winchester.—Miss Gully.

Lady Carnarvon, Highcleve, Castle Newbury.—Miss R. Fraser.

ABROAD.

Red Cross Base Hospital, Boulogne.—Miss J. Giles.

Anglo-American Hospital, Hotel des Bains, Wimereux.—Miss I. Skinner, Miss E. Bracken.

c.o. Dr. Depage, La Panne.—Miss M. Astley Campbell, Mrs. A. Linton, Miss Firth.

Moka Hospital, S. Malo.—Miss Watson, Miss B. Sanders.

NURSES' MISSIONARY LEAGUE UNIT.

On January 1st, Miss Bromley Martin's and Miss Kemp's party started for France. It includes two surgeons (one of whom, H. Graham Aspland, Esq., has served among wounded soldiers before in North China during the Revolution), a house physician and anaesthetist, the Matron, Miss Banfield (St. Bartholomew's Hospital), the Assistant Matron, Mrs. Graham Aspland (the London Hospital), and the Nurses' Missionary League Unit of eleven fully-trained Nurses. The names of the latter are as follows:—

Miss Vantier and Miss Boag (the London Hospital); Miss Gibson, Miss Eagle, Miss Boys and Miss May (Guy's Hospital); Miss Cox (Paddington Infirmary); Miss Frances (City of London Infirmary); Miss Hawley (Western Infirmary, Glasgow); Miss Watson (Royal Infirmary, Manchester); Miss Beresford (Taunton and Somerset Hospital).

The party is bound for Arc-en-Barois, Chaumont, Haute Marne, where a château has been converted into a Hospital of 150 beds. It is within the actual fighting zone, and it is expected that the patients will be both French and English soldiers, but we hope to give more details another week.

"THE DAY."

Out from the sodden trenches,
Out from the churned-up clay,
Men that have lost—or conquered
Will turn to their homes one day,
Leaving the crowded death pits,
Bidding war's thunders cease,
And over the shattered corpses
God will proclaim His peace.

The trampled earth will bear witness
To the wreck of a nation's pride
And the fields and roads be cumbered
With the litter of those who died.
Man will turn to his ploughing
Bidding war's carnage cease,
And over the blackened homesteads
God will proclaim His peace.

Houses will be re-built,
Streets will run fair and straight;
They will clear the wrack and the
rubble

And strengthen the shattered gale.
Man will go back to his trading
Bidding war's wastage cease
And over His ruined churches
God will proclaim His peace.

M. MOLLETT.

NURSING IN FRANCE.

The question of untrained English nurses in France appears to be a somewhat acute one, to judge from information received. Sister Eburah, who is working at Tournan in a Red Cross Hospital, writes: "If you could only see the specimens sent to us. How they all get out is a mystery. Recently one was sent to us with *no* training whatever. She had been in a Boy's Home! Another had been a fortnight in a London Hospital. A third sent was quite a good nurse, but had very bad varicose veins, and was on the verge of a breakdown, and had to go off duty in a short time. If only we could ring you up for nurses. So ignorant was one nurse sent that temperatures had to be taken *after* her. As to fomentations, a Soudanese

"THE BRITISH JOURNAL OF NURSING is the only link we have with what is going on outside. It interests us to read of other nurses' difficulties. At least our helpers would not dream of touching a dressing, nor would our patients allow it. Our coloured ones would say 'Ne touchez pas, seulement Sister fait pansement,' and the Frenchmen might be more polite, but when they are ill they also will not be touched by untrained hands. . . .

"I send you the enclosed photo with all good wishes for a happier year. Only four of the group are with us now. Marouli sits next to me. He is an Algerian, and wears a gorgeous uniform of pale blue cloth and gold braid. Babouka sits at my feet; he is a Cingalese. 'Corporal' sits next to him, a very dignified person; he won his stripes in this War. Moussa is on the other side of him, and has now gone to Mentone with

the other Soudanese. All were very seriously wounded, and will not fight again till winter is over. Three out of the four Frenchmen at the back are in the firing line again. The first one on the left, a sergeant, wrote the enclosed poetry, which I think will interest you. As it is written straight from his heart, it shows what a soldier of France thinks of the English nurses."

We shall find space for this charming recognition of our nurses next week. One of the indirect results of the War is the increased knowledge, and consequently the cementing of happy relations, between this country and her Allies.

A nurse writes from France: "It is now, when many of the fine ladies have returned to Paris,

and others are very tired, that we English nurses are most useful. I have as a patient at present one of these infirmières, a French actress. When she came I asked if another English nurse could come, but as there was no accommodation in the house for another I suggested a *religieuse*, only to find that all the nuns were already very well occupied. The requested help came in the shape of a *curé* as infirmier!"

If any untrained help is employed in military hospitals abroad it certainly need not be supplied by sending untrained people from the United Kingdom, as all our Allies have Red Cross Societies which can supply untrained workers locally who are conversant both with the country and the language.



SISTER EBURAH AND PATIENTS.
L'HÔPITAL DE LA CROIX ROUGE, TOURNAN.

patient, a hip case, in the morning called me, 'Regardez Madame pas bon.' His dressing was round his ankle. He shook his head dolefully, 'Pas bon.' Yet this nurse is craving to get close to the firing line! Our Matron always asks for 'trained nurses' when wiring to Paris for help. Do you wonder we prefer to be over-worked to trusting our patients to such people? The responsibility is greater here than being a Sister in a ward at home. Also, as one of our surgeons pointed out, we are very much on our nectle. The French trust us with their wounded, but if anything went wrong through neglect we should be blamed by two countries. We have had two visits from French generals, who expressed themselves quite satisfied.

FRENCH FLAG NURSING CORPS.

We are pleased to know that the French doctors at the Hôtel Dieu, Rouen, have written to the Minister that the R.N.S. unit were "quick, clean, clever, tactful, and thoroughly reliable, and if not wanted at Bordeaux, they are to return at once to Rouen," and that they are to be replaced by other English nurses. When these nurses left the Hôtel Dieu the German patients (prisoners) presented Sister Lind and Sister Gill with a magnificent bouquet of flowers, and the German officer made a speech. Sister Lind asked that the flowers might be placed on the altar, the Head Sister was deeply moved by this kindly thought, and wept

was great cheering for the English Sisters, who were all invited on to the platform to help sing "God Save the King." Thus the *entente* establishes itself—passing from sentiment to reality!

Echoes of Christmas come from France to prove that slowly yet surely the relations between the French Flag Nursing Corps and their patients are making for the *entente cordiale*, and this is the heartfelt wish of the committee on this side, and those kindly helping its work in France.

The photograph of Sister Simpson, of one of the Scottish Units, working at Le Havre, shows her at work. It was taken by request of the patient, who is being dressed, who is suffering from two



SISTERS CARMICHAEL AND RAWLINS, F.F.N.C., AND SOME OF THEIR PATIENTS AT ROUEN.

in according to the suggestion. An observer writes: "The nurses thought they were doing little in this old military hospital, but they did most excellent work by example, and those who succeed them will have a great reputation to live up to."

In the accompanying picture are seen Sister Rawlins and Sister Carmichael, R.N.S., with some of their patients, taken before leaving Rouen. They are now at Bordeaux. After a recent concert given at the hospital, where lovely singing was greatly enjoyed (as some of the soldiers belong to the Paris Operatic Company), there

shrapnel wounds in his back, one in his arm, and a bullet wound in his leg. A colleague writes:—"Sister Simpson was on duty with a bad throat for a week and nobody could dress this patient to his satisfaction. When she returned he told her he could sleep now, as he knew his wounds would be well looked after. We all had a pleasant Christmas Day, though the arrival of a number of wounded made some of the wards very busy."

From Bernay a Supervisor writes:—"I must tell you about our Christmas. The patients greatly enjoyed themselves. I inspired them with the idea of decorating the wards and when I saw

the idea 'took on,' I offered a prize for the best decoration. They all set to and worked hard, and several kind friends gave me as much holly and mistletoe as I needed. It was a great success, so much so that the Commandant came and after visiting the wards, congratulated me, and had the other section where the concert was given decorated also. It was easy to get up the concert as amongst our staff we have several artistes from Paris. Everything went off well, I got Christmas cards from England and little Union Jacks and cigarettes; all gave a great deal of pleasure, and they are to have socks as gifts for New Year's Day. We had a Déjeuner for the men. I enclose the Menu:—

we all went to midnight service at the Catholic Church. The music was most beautiful, and the church packed. Miss Eadey's Hospital gave a tea to the officers' wards, and the ladies of the Red Cross and our artistes gave them an entertainment.

Miss C. P. M. Tod, cert. Western Infirmary Glasgow (Supervisor, N.U.T.N. Unit), Miss Evelyn M. Beau, cert. Seamen's Hospital, Greenwich, and Hospital for Women, Soho, W., and Miss Mabel W. Pope, cert. Royal South Hants Infirmary, Southampton, are leaving London for Bordeaux this week. Other nurses will complete the requisition for the Talence Hospital at an early date.



SISTER SIMPSON (SCOTTISH UNIT), F.F.N.C., AT WORK IN HER WARD IN
L'HÔPITAL TEMPORAIRE, NO. 8, LE HAVRE.

HÔPITAL TEMPORAIRE, No. 27.
BERNAY, NOËL, 1914.

Huitres de Marenne; Potage Crécy; Aloyau roti, Pommes Sautées; Paté de lapin de garenne; Crème des Alliés; Gateaux; Oranges; Café. Vieux Calvados. Vins: Mâdoc en carafes; Sauterne; Champagne.

"The wards have been photographed and I enclose a copy, marking those to which the 1st and 2nd prizes were awarded [Alas! we have not yet received them.—ED.] The men gave us three cheers and said they would never forget our kindness. It was but little we did.

"Sisters Cooke and Roberts were asked to sing our National Anthem at this entertainment, and

"By the side of a young French cavalry officer who had been hit in a fight on the Aisne we found the body of a pretty girl," says Sergeant Payne, who is at Bristol, wounded. "Both were dead. Their story was as sad as anything I have heard of in a war full of tragedies. When the young man joined his regiment the girl left a convent school and attached herself to the Red Cross."

"Hearing that her sweetheart had not returned from a charge in which his regiment was engaged, she had gone out with the ambulance men to look for him. Going in advance she had found him, and while attending to his wounds was hit by a stray bullet, which penetrated her right lung and killed her. They were buried side by side."

LETTERS FROM THE FRONT.

FROM WARSAW.

Letter from Miss Violetta Thurstan to the Hon. Secretary of the National Union of Trained Nurses.

Warsaw, December 9th, 1914.

I have had the most exciting time I have ever had in my life. I must tell you about it. In the last letter I wrote to you from Lodz—of course I don't know whether you ever got it—I told you that we had had orders to evacuate the hospital, that we had got all our wounded out, and that a Polish lady had carried off all three of us—the Princess, Miss G., and myself—to her house for a rest and a bath. I enjoyed that bath more than any I have ever had. We were all simply eaten up with insects. I was looking forward to a night in bed for a change. We sat down to supper about 9.30, and had just begun when the Prince arrived and said we must depart in five minutes. So we had to leave our supper and very quickly pack our things. His entrance was very dramatic. He is very tall and handsome, and has a face like an eagle. We rushed to our hotel, to find that our motor car had been taken for some wounded. We heard the Germans would be in in less than an hour. The cannons had stopped, but rifles were going on all the time. We thought we might as well enjoy ourselves, so we ordered coffee and cakes. They were very short of food, but there was still coffee, and we got some sort of cake. We waited till we could get a vehicle, and finally got into a Red Cross wagon, the sort that holds three wounded men lying down—six of us with the Prince, and a doctor and a dresser. Shells were coming at the rate of ten a minute. There were aeroplanes just over us dropping bombs every minute. We got out without anyone being hurt. I never enjoyed anything so much in my life. . . . I can't describe what it was like, but it was splendid. . . . You would have enjoyed it too. . . . I wish you had been there. We got safely back to Warsaw. We belong to the Flying Column, and may be ordered anywhere. Russian Sisters do very interesting things. There are some that ride about on the battle field and give first aid. . . .

BRITISH NURSES IN SERBIA.

The special correspondent of the *Daily Chronicle*, Mr. Z. D. Ferriman, contributes to our contemporary an interesting letter from Kragjevat, Serbia, in which place the barracks on the outskirts were converted into a temporary hospital, now dismantled.

In this hospital Mrs. Barlow, Miss O'Brien, Mrs. Hartney, Miss McEwan, and Miss Mann began work at the beginning of September, having gone out with Mrs. Grouitch.

The nurses testify both to the extraordinary capacity for recovery of the Serbian soldiers, and also to their charm as patients. "They get well under the most amazing circumstances,"

said Mrs. Barlow, "in fact, when they ought not to, according to the canons of nursing," and Miss O'Brien added "I cannot find words to express my admiration for them, both as patients and men. They are simply charming, so grateful for the least attention. And their physical condition is simply ideal. I never saw wounds heal so rapidly."

This proves that good work can be done in primitive surroundings, for Mr. Ferriman reports: "Anything more unlike the environment in a hospital at home than their surroundings it is impossible to conceive. Primitive is too mild a term for it. But these ladies make light of difficulties and discomforts, and do not spare themselves in their efforts to secure a measure of comfort for those committed to their charge."

Cotton wool, bandages, adhesive plaster, gauze, and chloral ethyl, all ran short, and "You may imagine what that means," said Miss O'Brien, "when we have had as many as a thousand patients, with a staff of two surgeons and five nurses. We managed to make room by placing two beds alongside each other, the double bed holding three patients. The Serbian surgeons are clever, and work very hard. Everybody about us is so willing that it is a pleasure to face difficulties."

Mrs. Barlow added that they were getting Austrian wounded as well as Serbian. "Eleven," she related "came in last night. I was able to talk to them in German, and they said they were glad to be prisoners. Altogether some 2,000 patients have passed through the hospital and there have been remarkably few deaths—not more than 50 I think—and very few amputations. We have had many cases of wounds from dum-dum, and explosive, bullets, which are worse. There is no mistaking the diagnosis of such wounds."

A day later Mr. Ferriman writes:—"The English nurses have gone. I called at the hospital this morning and found it dismantled. There is some uncertainty as to where the ladies are. I am told that they have been transferred to a hospital at Nish. They may have proceeded to Skopia (Uskub), where Lady Paget's ambulance is installed. I hope so, for there they will find better quarters and adequate equipment. They have encountered and overcome difficulties here with such an indomitable spirit that one is proud to think they are one's countrywomen. Their disappearance is part of a general movement. The wounded are being sent further away from the front. Cases which are too serious to be removed are being concentrated in a single hospital here. To-day there is almost a continuous procession of them borne on stretchers through the streets. Happily the weather has turned cold and sunny. The number of wounded who can fend for themselves is rather appalling. Every few paces one meets with men hobbling on crutches or with bandaged arms and head."

There is no glan our about the aftermath of war. It takes its toll with relentless cruelty of the bravest and best.

THE CARE OF THE WOUNDED.

The King has lent one of his cars to the Volunteer Motor Mobilisation Corps. This body has taken over the work of conveying soldiers discharged from hospital to the railway termini or their own homes. The Corps has received the sanction and approval of the War Office.

The Dowager Empress Marie Feodorovna and the Grand Duchess Xenie Alexandrovna, the Czar's sister, recently visited the English hospital for Russian wounded at Petrograd.

Lady Helen Munro-Ferguson has received the following message from Lord Rothschild: "The British Red Cross Society desires me to express its most grateful thanks to you, our Australian Branches, and all in the Commonwealth who helped us with such splendid generosity. The total contributions of the Australasian Branches now amount to £50,000, this irrespective of munificent gifts in kind. This is a fine record, of which the Commonwealth may be justly proud."

The motor soup kitchen that has been presented by the Ladies' Automobile Club to the St. John Ambulance Association, for service at the Front, will be on view from January 4th to 9th, at the showrooms of Messrs. Barker, 66, South Audley Street, London. The secretary of the Edinburgh and Border Hospital, Dunkirk, writes that the Ladies' Automobile Club Ambulance is of the greatest assistance.

Dover is to be a landing hospital base. Three steamers will run between Boulogne and Dover daily, and the worst cases will be treated at the new marine station on the Admiralty Pier, which is as big as Charing Cross Station, and has been fitted up as a hospital.

The mobile hospital, for the treatment of serious cases at the Front, provided by the generosity of Liverpool merchants, is expected to be ready to sail, if required, by the end of February.

The object aimed is to provide a hospital which can be taken to pieces, removed and re-erected within twenty-four hours. The building will, therefore, be of wood, in portable sections, and the different blocks will be connected by covered ways. Each of the eight pavilions containing wards will have twenty-six beds. Mr. T. C. Littler Jones has been appointed Senior Surgeon; Dr. Nathan Raw, Senior Physician; and Miss Whitson, as Matron, with forty nurses, will form the nursing staff.

The British Red Cross Society has received three generous gifts of hospital trains; two given by the railway trade of the United Kingdom, for the transport of the British wounded in France and Belgium, of which the total carrying capacity is 358, with a staff and personnel of 51, and one

which has been placed at the disposal of the Egyptian military authorities by the Egyptian Red Crescent Society.

Whoever invented the hospital train is an immense benefactor to wounded mankind, and no money has been better spent by the War Office than that expended upon them. A doctor engaged at a base hospital in France thus describes how the comfort and care of the wounded soldiers are provided for on such a train:—

"I always wanted to see how the wounded are conveyed here and how the train is run. This one consisted of nine *wagons-lits* coaches, so every man travels 'first-class.' There is heaps of room for the lying-down cases as well as for those who can sit up. Directly the train starts hot food is served out, every man is given a pair of slippers, cards and cigarettes and pipes are served round for those who can sit up and amuse themselves; and the doctors go round and dress all the bad cases, or those who haven't been done that day. There are four nurses on the train, a major R.A.M.C. and two other doctors, and each wagon has three orderlies. The journey takes about five hours, as there are so many stops to allow troop and transport trains to pass; but the men are fed several times (a thing Tommy loves), and all are most comfortable. There is a well-fitted-up dispensary, with dressings, splints, a few instruments, and ordinary drugs and heaps of morphia, &c., if required. Taking it all round, wounded Tommy could not be better looked after."

A nurse who goes backwards and forwards constantly on such a train, from the clearing hospital to the base, writes: "I greatly enjoy this hospital train service, everything is provided for the comfort of the patients, and we are able to care for them to our hearts' content. If only the poor French soldiers had such a service, how much suffering it would save. I am glad to hear of the splendid contingent of motor ambulances which the British Ambulance Committee is providing for the French Government. . . . there will be great competition for Queen Alexandra car. The French soldiers are the most generous and uncomplaining fellows in the world—and the most brave; well do they deserve all the comforts they can get."

If you can afford it, give your own particular Tommy, or, if you have not got one, some other woman's Tommy, a pair of 'indiarubber' boots. The recent terrible weather has resulted in many cases of frost-bitten feet amongst the men in the trenches; and the Russian and French Governments have taken steps to minimise their suffering by providing indiarubber boots.

Men invalided home state that there are several causes which contribute to frost bite. Tight boots is one. Owing to the severe cold, the men's feet become swollen and benumbed, and severe frost-bite ensues, followed sometimes by gangrene.

It was suggested that if the boots were supplied a size too large the evil would be mitigated. Wider trenches would be an advantage so that men could walk about; and young soldiers should be warned of the danger of warming their feet at the fire when suffering from frost bite. The Japanese are past masters in the care of the health of their soldiers, and have reduced mortality from this cause. No doubt they have printed rules on this point. Let us have them.

"A Call to the Wives and Mothers of Our Soldiers" is the title of an eloquent and earnest article contributed by the Hon. Albinia Brodrick to *The Clarion* of January 1st. It is a powerful plea that our sick and wounded soldiers shall not be subjected to unskilled nursing. After narrating definite instances Miss Brodrick writes, "Wives and mothers of our men, if you do not speak out and make yourselves heard and felt you are most guilty towards those you love best. . . . Tell the Red Cross, tell the Army Council that we will not have such things, such shameful things done."

PRACTICAL POINTS.

To Silence Window Sash.

Window sashes that jerk and scream when moved, to the distress of patient and nurse, should have the sash cords and grooves rubbed over with a dry cake of stove-black-lead. This will ensure smooth and noiseless running to the most recalcitrant window sash.

To Retain Heat.

The water in hot water bottles will retain the heat considerably longer if a handful of soda or common salt be added to the water before boiling, as this raises the boiling-point by increasing the density of the water. The same water may be used repeatedly by re-heating it in a saucepan or enamelled basin. For use in rubber bottles, salt is preferable. Such an addition to water causes it to boil over if closely covered.

PRIVATE NURSING HOMES.

The very high fees charged by a few Home Hospitals—securely supported by leading Surgeons has caused a revulsion of feeling upon the part of the public in their attitude towards proprietary Nursing Homes, and there is much clamour at present to organize through co-operation—a system of private hospitals for the middle classes who can only afford moderate fees. This is quite permissible of course—usually large institutions can be run more cheaply than small ones; and it has yet to be proved that company management can provide at a less cost, the same high-class nursing which is given in many proprietary nursing Homes. We all know what it costs an invalid to be laid up and nursed in a good hotel, but the public have it so securely fixed in their brain, that nursing is merely a cheap domestic occupation—instead of an expensive skilled human treatment, that it will be very interesting to watch and report on the cost of

running the co-operative Home Hospitals. Fitzroy House founded to provide the middle classes with cheap hospital and nursing treatment in sickness, has never been able to show a balance sheet proving that such treatment can be given at really moderate cost. So we opine that if there is an ample supply of nurses, for day and night duty, and they are properly paid—and up-to-date medical science and nursing is supplied, the suggestion that a Home can pay its way on a charge of £3 3s. or £4 4s. a week, will prove inaccurate. In London it cannot be done.

We are sorry to learn that many Superintendents of Nursing Homes are finding their work very adversely affected by the War. Everything in the medical world is quiet, and the care of sick officers, for which well-managed homes are excellently equipped, is to a great extent absorbed by ladies of leisure, regardless of their lack of qualifications for the task, some inspired by patriotic motives, and others who only crave for the latest fashionable excitement, the care of sick and wounded.

PRIZES FOR NURSES.

The Annual Christmas meeting of the Managers and staff at the Western Infirmary, Glasgow, at which Sir Matthew Arthur, Bart., presided, was a very enjoyable function. The prizes won by the nurses during the year were afterwards presented. *Medical Nursing*: Nurse Edith D. Altham (March), Nurse Mary J. Peebles (October). *Surgical Nursing*: Nurse Margaret H. Russell (March), Nurse Mary J. Peebles (October). *The Florence Nightingale, Western Infirmary, Prize*: Nurse Margaret H. Russell.

IRISH NURSES' ASSOCIATION.

Miss Carson Rae has been appointed Lady Superintendent of the Irish Nurses' Association Nursing Corps under St. John Ambulance Association.

At the Central Executive Committee of St. John Ambulance, the following Resolution was passed:—

"Certified trained hospital nurses, in the active execution of their profession, are now eligible for election as members of Brigade Nursing Corps and Divisions, without being required to obtain the First Aid Certificates, and so long as they continue in the service of their profession will be exempt from annual re-examination."

Any fully-trained nurses who are members of the I.N.A., and who desire to join the Nursing Corps, should apply to Mrs. Jeffers, Corps Secretary, 34, St. Stephens Green, Dublin.

S. JEFFERS, Secretary.

NEW YEAR'S HONOURS.

The New Year's honours had nothing very inspiring about them, but we offer our congratulations to Sir T. Duncombe Mann, upon whom the King has bestowed a well earned Knighthood, who has been Clerk to the Metropolitan Asylums Board since 1891, and who is so well known for his courtesy to every member of the public with whom he comes in contact.

APPOINTMENTS.

MATRON.

Eccles and Patricroft Hospital.—Miss Victoria Despard has been appointed Matron. She was trained at the Blackburn Infirmary and the Abingdon Joint Hospital, and has had charge of the Children's Ward at the Blackburn Infirmary. She has also held the position of Sister at the Pontywal Sanatorium, and has had fever training at the Abingdon Joint Hospital, Berks, and been Sister of Medical and Surgical Wards and the operating theatre at the Blackpool Hospital, and Sister at Eccles and Patricroft Hospital.

Montrose Royal Asylum, N.B.—Miss May McCabe has been appointed Matron. She was trained at Kilmarnock Infirmary, and has since been Assistant Matron at Edinburgh District Asylum, Bangour Village.

ASSISTANT MATRON.

Edmonton Union Infirmary.—Miss A. E. Margrave has been appointed Second Assistant Matron. She was trained at the Chester Royal Infirmary, and has held the following positions: Night Sister, Chester Royal Infirmary; Night Superintendent and Midwife, Maternity Hospital, Aberdeen; Labour Ward Sister, City of London Lying-in Hospital; and Home Sister, London Homœopathic Hospital, Great Ormond Street, London.

SISTER.

Luneside Hospital, Lancaster.—Miss S. E. Hargreaves has been appointed Sister of the enteric ward. She was trained at Highfield Infirmary, Ayr, and Brownlow Hill Infirmary, Liverpool, and at the City Hospital, Leeds. She has been Staff Nurse at the City Hospital, Seacroft, Leeds.

Miss A. R. Brown has been appointed Sister of the Tuberculosis Block in the same institution. She was trained at Ruchill Fever Hospital, Glasgow, and has been Assistant Nurse at Highfield Hospital, Ayr, and Staff Nurse at Shildhall Fever Hospital, Glasgow.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Rebecca A. Henry is appointed Assistant Superintendent, Cambridgeshire C.N.A. Miss Henry received general training at Manchester Royal Infirmary, midwifery training at Brighton and Hove Hospital for Women, and district training at Northampton; and she has since held the following appointments: Queen's Nurse, Northampton, and Health Visitor, Northampton.

Miss Helen E. Eardley is appointed to Louth; Miss Sophia E. Elliott, Senior Nurse, to Jewish Maternity and Sick Room Helps Society; Miss Marion J. Hancox, to Grantham; Miss Mabel A. Massy, to Fullerton Hospital, Denaby Main; Miss Rosetta R. Mercer, to Northampton; Miss Madeline E. Moore, to Quedgeley; Miss Monica Skingsley, to Whickham; and Miss Annie D. Windridge, to Fullerton Hospital, Denaby Main.

NURSING ECHOES.

The Graduate Nurses' Association of Nova Scotia, which is in affiliation with the Canadian National Council of Trained Nurses, and whose President is Miss V. Kirke (Superintendent of Nurses, Victoria General Hospital, Halifax), has arranged a most useful course of instruction in Dietetics and Practical Housekeeping available to candidates under age, or over age, for general hospital training, extending over twelve months. A small remuneration is given to a limited number of pupils.

Nurses taking post-graduate courses in obstetrics and emergency nursing are allowed to attend a certain number of lectures and classes. All instruction is given by professors or teachers of full qualifications.

SYLLABUS.

PRACTICAL.	INSTRUCTION.	LECTURES.
	<i>1st Month.</i>	
Bed Making.	Hemming sheets,	Ventilation.
Care of bed-rooms.	pillow cases, test aprons.	Heat.
	<i>2nd Month.</i>	
Laundry and care of kitchen	Towels, dusters, Glass cloths.	Composition of Alkalies and Acids.
	<i>3rd Month.</i>	
Nurseries.	Infant's clothing	Milk, Water, Milk foods.
Care of Infants		
	<i>4th Month.</i>	
Dining room,	Table linen	Food principles.
Parlours, trays.	cupboards, marking linen.	Carbo hydrates, Fats.
	<i>5th Month.</i>	
Cereals, Eggs.	Uniform, Dresses.	Nitrogencus and Mineral Matters.
	<i>6th Month.</i>	
Broths, Soups.	Decorative Sewing.	Digestion.
	<i>7th Month.</i>	
Fish, Meat	Practical Cooking.	Digestion.
	<i>8th Month.</i>	
Bread and Cake.	Vegetables, Fruits.	Assimilation.
	<i>9th Month.</i>	
Pudding, Gelatine.	Beverages.	Elimination.
	<i>10th, 11th, and 12th Months.</i>	
	Practical Housekeeping and household accounts.	

We congratulate the Graduate Nurses on organizing so useful and practical a course, which cannot fail to benefit those who pass through it, either as a preliminary to training in nursing, or to increase their efficiency as domestic managers.

None of the many cards we have received at this season are more interesting than that from Miss Harriet Fulmer, of Chicago, Manager of the Red Cross Seal Campaign of 1914 of the Illinois State Association for the Prevention of Tuberculosis. The card, which is khaki-coloured, bears a seal representing the traditional Father Christmas. Above his head are the words, "American Red Cross," and across his breast a scroll bearing the words, Merry Christmas, Happy New Year.

The letterpress is printed in scarlet and green.

I BRING YOU GLAD TIDINGS OF GREAT JOY!

For men, women, and children in this community have made efforts greater than ever before, to provide for the care of the ill, and the protection of the Health of all People.

May yours be a Happy Christmas, and may the New Year be filled with the gladness that comes with the knowledge and satisfaction of an enduring interest in a good cause.

PEACE ON EARTH, GOOD HEALTH TO ALL.

Miss Fulmer tells us that Illinois expects to sell 30,000 dollars' worth of the Red Cross seals, a sum which will materially help to support the tuberculosis work in the State.

Enclosed also is a prayer for daily use by those engaged in the tuberculosis campaign, which recognizes the responsibility of the community for the conditions which cause disease.

"Since we are all jointly guilty of the conditions which have bred their disease, may we stand by those who bear the burden of our common sin, and set the united will of our community against this power that slays the young and strong in the bloom of their life. May this death that creeps from man to man be a solemn reminder that we are all one family, bound together in joy and sorrow, in life and death, that we may cease from our selfish indifference, and together seek Thy kingdom and Thy righteousness, which will bring us health and life."

The story of the origin of these Red Cross seals is very interesting. We read:—"Nearly one million nine hundred thousand dollars has been raised by Red Cross Christmas Seals in the last six years, and yet many people who will buy these holiday stickers at this seventh annual sale do not know how the charity stamp idea originated.

"It was war that brought forth the charity stamp—our Civil War of '61 to '65. Some of your grandmothers first played 'post-office' with stickers similar to Red Cross Seals 'way back in '62, when they conceived the idea of selling stamps at fairs for the benefit of the

relief funds for the soldiers' hospitals in Brooklyn, Boston, and elsewhere. . . . Stamps on seals were first used to get money for the anti-tuberculosis crusade in Norway and Sweden in 1904." The idea of the American Red Cross Christmas Seal originated with Mr. Jacob Riis, a social worker in New York, and Miss Emily P. Bissell, the energetic secretary of the Delaware Red Cross.

"It is fitting to note that war, inhuman and cruel, was the mother of the Red Cross Seal, and that now war for humanity against disease brings it back to its fullest usefulness."

Miss Harriet Fulmer has also sent out as her Christmas greetings this year, the touching verses by Francis Thompson, English Roman Catholic Poet, "The Prayer of a Little Child":—

EX ORE INFANTUM.

"Little Jesus, wast Thou shy
Once, and just as small as I?
And what did it feel like to be
Out of Heaven and just like me?
Did'st thou sometimes think of there.
And ask where all the angels were?
I should think that I would cry
For my house all made of sky;
And at waking 'twould distress me,
Not an angel there to dress me.

"Had'st Thou ever any toys,
Like us little girls and boys?
And did'st Thou play in Heaven with all
The angels that were not too tall?
Did'st Thou kneel at night to pray?
And did'st Thou join thy hands this way?
And did'st Thou feel quite good in bed,
Kissed, and sweet, and Thy prayers said?

"Thou can'st not have forgotten all
That it feels like to be small;
Take me by the hand and walk,
And listen to my baby-talk;
To Thy Father show my prayer
(He will look, Thou art so fair).
And say: 'O Father, I, Thy son,
Bring the prayer of a little one.'
And He will smile that children's tongue!
Has not changed since 'Thou wert young!'"

THE PASSING BELL.

We regret to record the death, on Christmas Day, of Miss Nellie Clark, one of the nursing staff who left England for Serbia under the Serbian Relief Fund on October 20th, with Lady Paget. The unit to which she was attached is working at Skopia (Uskub). Miss Clark was buried with full military honours, and her funeral was attended by the entire population of the city, who most keenly regret her death.

THE DAY OF NATIONAL INTERCESSION.

Sunday, January 3rd, was observed throughout England and Wales as a Day of Intercession, on behalf of the nations involved in the War, in conformity with the suggestion of His Majesty the King. The churches and chapels were crowded with earnest congregations, and the offertories made should add a substantial sum to that already entrusted to the Joint Committee of the British Red Cross Society, and the Order of St. John of Jerusalem for the care of the sick and wounded. A special form of prayer authorized by the Archbishops of Canterbury and York was used throughout the English Church, including a prayer for guidance for our own nation and our Allies, for the soldiers and sailors, for the anxious and bereaved, a commendation to the mercy of God of those who have fallen, and a prayer for peace.

A letter from Queen Alexandra, the President of the British Red Cross Society, was read in many of the churches. There are in the United Kingdom and France some 23,000 hospital beds under the auspices of the Society, 704 nurses, and 7,932 orderlies are working for it, 900 motor ambulances and cars are provided for conveying the wounded, 25 motor lorries for carrying Red Cross Medical Stores, 16 motor soup kitchens will serve the wounded with hot and suitable beverages at field hospitals, 15,250 cases of Red Cross Stores have been despatched, and 737,014 garments have been supplied to wounded soldiers. The maintenance of the work weekly costs £10,000.

At Westminster Cathedral a votive mass was said and there were special services in the Russ an Church, Welbeck Street, W., and in the Jewish Synagogues. The day was also observed in France and Belgium.

DISPENSING AS AN ADDITIONAL QUALIFICATION FOR NURSES.

For some years now an increasing number of nurses have trained in dispensing and added that diploma to the list of their acquirements. Their previous training in nursing especially fits them to study this comparatively new branch; and, indeed, many regard it as a logical complement to nursing, considering how much nurses have to do with the administration of medicines.

The advantages of this diploma to those who can spare the time and afford the necessary expense are proved by practical experience.

Nurses possessing the dispenser's qualification are appreciated by medical practitioners, who have confidence in their capacity. The work is not so "trying" as nursing alone, and there is more leisure in addition to the financial benefit. Many nurses have taken up dispensing after years of hard nursing work, as a relief; and, in many cases, when advised to do so, on the advice of medical men to discontinue a career of nursing alone. A good feature also is that there is no disadvantage

to a dispenser in being of middle-age. Nurse over forty have been successful in gaining the diploma as dispensers, and have found exactly what they wanted.

At the present time there is only one—the qualifying—examination to be passed, which, as examinations go, is not too difficult. It comprises practical dispensing and pharmacy, elementary materia medica and chemistry. The regulations require a practical training of only six months; and the total expense averages about £25, or with board and lodging for six months, about £50. From this it will be gathered that this attainment is quite possible for a number of nurses, and the avenues of usefulness in this direction are always widening.

For nearly twenty years the Westminster College for Lady Dispensers, 112, St. George's Road, Southwark, S.E. (only address), has been engaged very successfully in training ladies, from the age of 18 upwards. The students are taught the practical work of dispensing and pharmacy. We are informed by the Secretary, Mr. J. E. Walden, that all places are filled for the present course, and more nurses and other lady students are studying than at any previous period in the history of the college. In addition a considerable number are receiving preparatory instruction previous to commencing attendance in February, May and August of this year, for the practical training. We commend this College to the attention and support of our readers.

THE AMBULANCE CONSTRUCTION COMMITTEE.

As this is the first war in which field motor-ambulances have been extensively used, it was inevitable that many defects should be found in existing types. At the instance of Mr. Henry S. Wellcome, the founder of the Wellcome Bureau of Scientific Research, a Commission has been formed to consider the question of ambulance construction which, first and foremost, will act as a judging committee for the award of prizes of the value of £2,000 provided by the Wellcome Bureau of Scientific Research. These prizes are offered for the best designs of an ambulance body which shall fit a standard pattern motor-chassis for field motor-ambulances. The last day for the receipt of competing designs is June 30th, 1915. It is hoped that the competition will bring in a number of ingenious designs from which the ideal field ambulance-body will be evolved.

The first prize is £1,000, the second £500, and the third £300. All details of conditions may be obtained from the Secretary, the Ambulance Construction Commission, 10, Henrietta Street, Cavendish Square, London, W. It is open to citizens of all nations.

The offer is on the liberal scale, inspired by the practical and patriotic motives which we are accustomed to associate with the firm of Burroughs Wellcome & Co.

OUTSIDE THE GATES.

QUEEN ALEXANDRA'S NEW YEAR'S MESSAGE.

Her Majesty Queen Alexandra has sent the following New Year's Message through the Editor of *The Gentlewoman* to the Women of the Empire, especially to those who have lost loved ones in the War:—

"I wish to send to the Women of the Empire at this great crisis in our history a message of hope and consolation for the New Year. You have been through a period of great suffering by the loss of dear ones, and many more sacrifices will yet be demanded of you, but I feel that they will be borne with that patience and fortitude which have supported and sustained you throughout the last five terrible months. You have suffered in a great and just cause, and my earnest prayer is that in your sorrow you may be consoled by the thought that those who are near and dear to you have died like heroes for their King and country. May God pour His infinite blessings upon you in whatever calamities you are called upon to bear until the blessings of Peace once more dawn upon us.

"ALEXANDRA."

QUEEN WILHELMINA ON PRAYER.

Queen Wilhelmina of the Netherlands has published the following Christmas greeting on Prayer in the form of a leaflet:—

"There is great matter for thankfulness in our great but difficult time. An exalted sense of unity and solidarity manifests itself to us, mutual esteem and co-operation is to be noted in many different spheres, charity is more abundant in proportion as the urgency of the need increases. The necessity for reflection, for prayer, makes itself strongly felt; and prayer is freely and ardently offered up.

"One can conceive no greater contradiction than God's promised redemption and the grief and pain beneath which at present the whole world is bowed. Yet the light of His eternal, compassionate love never shone more brightly upon us than at this Festival of our Saviour; He took our likeness upon Himself, indeed, in order to bear the misery of which we are witnesses at this moment. As the landscape, flooded with sunshine, is bathed in the luxury of rest and calm, so peace and joy irradiate the heart which unlocks itself before Him as often as the love of Christ shines upon it. For this it is that the angelic host rejoices on the fields of Bethlehem.

"The infant Jesus has always asked for full confidence. He asks for it still continually. Let us have the high courage to offer Him this. Let us with the shepherds draw near in prayer to the crib, near to the Cross, with all our needs and questionings, till at last our questionings are silenced and our prayer and faith pass into adoration.

"WILHELMINA."

The Dutch people have shown the most humanitarian spirit throughout the War.

WOMEN'S WAR CLUBS.

We are pleased to note that the Women's War Club movement is proving so successful. It has been proved essential in this national crisis to provide places where women can meet together, obtain good refreshments at reasonable prices, and, above all, where they can obtain reliable news, and find distraction and recreation. The necessity for the work is obvious. If funds are forthcoming women in all parts of London who have relations at the Front can be helped through this time of almost insupportable tension and anxiety. Lady Henry Somerset has consented to be the President of the Clubs, and Miss Dolben Paul will act as Hon. Secretary.

WOMEN PATROLS.

Much interest has been aroused in the work of Women Patrols started through the agency of the National Union of Women Workers, outlined in a letter signed by Mrs. Creighton and others, dated October 10th, 1914, and the movement then inaugurated has been rapidly developed.

There are now 26 Organizers at work in various districts of England, both urban and rural. The plan hitherto followed has been to send an Organizer on receipt of a request from a Local Committee, formed by a Branch of the National Union of Women Workers, or where such does not exist, by responsible ladies interested in the welfare of girls. The Organizers are trained in London by expert social workers.

The Local Committee gathers together a band of women willing to act as voluntary Patrols, and the Organizer trains them, assigns them their beats and generally supervises their work. The Patrols hold a card signed in the London area by the Chief Commissioner of Police, and in the counties by the Chief Constable acting at the request of the Home Secretary. They also wear a small distinctive badge, but no uniform.

They are then authorized to use every means of persuasion and influence among the young girls in the neighbourhood of the camps, or in the districts where troops are stationed. They endeavour in every way to minimise the harmful result of the undue excitement which has prevailed among these girls in various parts of the country.

The Local Committee and the Organizer make every enquiry as to the counter-attractions open to these girls, such as Clubs, Guilds, Classes, &c., and the Patrols endeavour to place every girl not already known to such in touch with them. In some cases rooms are opened, to which girls can bring their men friends, and enjoy a pleasant talk on winter evenings. In many places Organizers have visited the mothers, at home and in meetings, with very good results.

That the work meets a general want may be judged by the fact that, following on the report of the success of the movement in England, Scotland and Ireland are starting the scheme.

Advice as to the work has also been sought from South Africa and from the Channel Isles.

The movement is warmly welcomed by the Police.

THE PATRIOTISM OF ROBERT BURNS.

Although in no sense a poet of the camp or field, Burns was full of the fire of humanity which goes to the making of a gallant soldier. Love of country, of home, and of justice and mercy were strong features in his character, and it duty had called him to wield the claymore he would have done it right well.

"Wha in a brulzie
Will first cry a parley?
Never the lads wi'
The bannocks o' barley."

His heart beat fast when he thought of those—

"Whose ancestors in days of yore
Thro' hostile ranks and ruined gaps
Old Scotia's bloody lion bore."

Burns sang much of the elements—wind, frost, and snow; but he knew their combined rage was nothing in comparison to war.

"Blow, blow, ye winds, with heavier gust!
And freeze, thou bitter biting frost!
Descend, ye chilly smothering snows!
Not all your rage as now united shows
More hard unkindness unrelenting,
Vengeful malice unrepenting,
Than heav'n-illum'd man on brother man
bestows!
See Oppression's iron grip,
Or mad Ambition's gory hand,
Sending like blood-hounds from the slip
Woe, want, and murder o'er a land!"

This year, when we celebrate the anniversary of the poet's birth,* many of us will turn to "The Cottar's Saturday Night" as being more in tune with our spirits than the favourite "Tam O' Shanter." To our prayers for ourselves and our noble Allies, for our enemies—that their pride may be abated, their malice assuaged, and their devices confounded—we who are true Scots will add:—

"O Thou! who poured the patriotic tide
That streamed through Wallace's undaunted
heart,
Who dared to nobly stem tyrannic pride,
Or nobly die—the second glorious part,
(The patriot's God peculiarly thou art,
His friend, inspirer, guardian, and reward!)
O never, never, Scotia's realm desert;
But still the patriot, and the patriot-bard,
In bright succession raise, her ornament
and guard!"

Almost obscured by mists which hang so closely round us, we see the time—perhaps yet distant, but coming surely—when:—

"Man to man the world o'er,
Shall brothers be for a' that."

The clear vision of Robert Burns saw the triumph of the Cross.

E. A. STEVENSON.

* January 25th.

COMING EVENTS.

January 14th.—Lecture by Mr. Allen S. Walker (Hon. Secretary, British Archaeological Association) on "Glimpses at the War Area in Europe," Sion College, Victoria Embankment, 3 p.m. Tickets from the Hon. Secretary, University of London Extension, at the College. 2s. 6d. and 1s. Profits for *Daily Telegraph* Belgian Shilling Fund.

January 20th.—Central Midwives Board. Hearing of Penal Cases, Caxton House, S.W. 11.30 a.m.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

NURSES LOSE A SINCERE FRIEND.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—By the death of Dr. Ernest Wilson Stoker, M.D., F.R.C.S., on Christmas Eve, many nurses have lost a sincere and helpful friend. Also the cause of State Registration of Nurses a staunch supporter. He never lost an opportunity of giving his opinion on the subject. Well I remember his being asked: "Then you think nurses should be registered?" He replied: "I don't think anything about it; I know they should have been registered long ago." When he was interviewed a few months ago by a representative of the *Daily Express* on this matter he spoke very plainly, but two of his points in connection with the nursing of the sick poor were left out, viz., that trained nursing would not only lessen the danger to life, but would shorten the illness, therefore many days of work would be gained for the country; also a shorter illness meant less for the insurance societies to pay. So economically "Registration" was sound.

He was a great worker himself and gave of his best to everybody, even with increasingly bad health. He said so often, "I mean to work to the end." He did, for up to Wednesday morning he was doing full work; he even saw patients on that morning.

He was twenty-four hours in bed with pneumonia. His loss is deeply felt by his many friends and patients as well as by his family, who are all so well known in Dublin.

14, Hertford Street, W.

A. E. R.

TOYS FOR TINIES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I write to thank you for the kind gift of toys to the children. I was just wishing I had some more for them when your parcel arrived. They appreciated them, as all children do toys, and will you please thank those responsible for the dressing of the dolls; &c.?

With many thanks,

I remain, yours faithfully,

N. COCKRAM

Superintendent Nurse.

Barnet Infirmary, Herts.

HUMAN VANITY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It would, of course, be hopeless to discount the power of personal vanity in the assumption of our professional work and titles by the Society woman. One way to bring order out of chaos would be for the War Office to decree that all voluntary hospitals at the Front, supervised by the untrained, should be known by numbers, as the Expeditionary Force Military Hospitals are. Such a step would soon stop this latest Society fad of running hospitals for the wounded, to which each lady is permitted to attach her own name, although the public pays the piper. I have lately returned from nursing in a "Society hospital" in France, and from observation am of opinion that the War Office should at once make itself responsible for the lot—have them officially inspected by a trained nursing inspector, and either shut down or re-organise those which are not up to Expeditionary Force standard.

Yours truly,

A. N. S. R.

ARE WE UNDERMINING OUR STANDARDS?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I read with much interest and gratitude that you had sent a statement to the Director of the Army Medical Service at the War Office, on the question of nursing in Red Cross Hospitals. Surely the whole system on which they are worked is wrong, and the nurses are wrong to bolster it up. With *one* trained nurse, and perhaps no night nurse, taking all the real responsibility for the patients, covering the unskilled work of V.A.D.'s, we are cutting the ground beneath our own profession. If we refused to accept such a position the War Office would have to look into the system, and alter it, and we should not be acting in an unprofessional way as we are now.

Yours truly,

THE ONLY ONE.

HOURLY DREAD OF ACCIDENTS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It flooding hundreds of hospitals with untrained nurses surely the medical profession is not playing fair. They won't neet quacks themselves, why should they expect trained nurses to do so? Moreover, why should we have to do all the anxious supervision and live in hourly dread of accidents? The doctors owe us more consideration, but it seems until we assert ourselves, we may just go on preventing accidents and getting neither thanks nor credit. I know of several cases in which the doctors have required trained nurses to teach the V.A.D.'s to do the patients' dressings, and where they have refused for the sake of the soldiers. This makes us very unpopular; it is most unfair.

Yours sincerely,

MEMBER BART'S LEAGUE.

HOW CAN WE JOIN?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It seems hopeless to wait for our Matrons to start Nurses' Leagues, so few of them seem to take any interest in our professional rights and privileges. The BRITISH JOURNAL OF NURSING was not taken in the recreation room in the hospital where I was trained, as journa's edited by untrained people were. There was no soul in these publications, just gossip and advertisements, nothing to satisfy an educated woman, who nourished ambitions for the uplift and progress of trained nursing. How should there be? [How indeed?—Ed.] It was not until I left that hospital, and began school nursing, that I began to read your journal weekly, and I now read it from cover to cover. I find just the sentiments I enjoy. Now I am working in a Red Cross Hospital—and I find I am not a member of the National Council of Nurses, which has had the courage to point out to the War Office the disorganization of these places. How can I become a member and thus support the demand for efficient nursing, cleanliness, and discipline here? The whole system is wrong, and every really patriotic nurse ought to help to put it right.

Yours truly,

SISTER IN RED CROSS HOSPITAL.

[We have had several letters from time to time asking this same question, and intend at the next meeting of the Council to submit a proposal to gather in individual thoughtful nurses, who want to help the forward policy of the N.C.T.N. and at present have a difficulty in doing so, unless they become members of the Society for the State Registration of Trained Nurses.—Ed.]

REPLIES TO CORRESPONDENTS.

Miss W. T. (Tooting).—Apply to Miss H. L. Pearse, Superintendent of Nurses under the London County Council, 2, Savoy Hill, W.C. (Education Offices). It is the duty of the School Nurse to visit the schools, or clinic assigned to her, and to carry out her duties under the direction of the Medical Officer—these duties often include some home visiting. Hours on duty, 9-5; with an hour off for dinner. In addition, there are reports to be written at home. Part uniform is given. In the open air schools, the hours on duty are longer. In the provinces, application should usually be made to the Education Committee, or to the Medical Officer of Health in the place desired.

OUR PRIZE COMPETITION.

QUESTIONS.

January 16th.—For what conditions is tracheotomy done, and what instruments are required for the operation? Describe the after care of the patient.

January 23rd.—Discuss the management of a patient whose tongue has been excised?

January 30th.—Mention the most delectable drinks for invalids, and how to make them.

The Midwife.

THE CENTRAL MIDWIVES BOARD.

DECEMBER EXAMINATION.

At the examination of the Central Midwives Board held in London, Birmingham and Bristol, on December 16th, 1914, 231 candidates were examined and 201 passed the examiners. The percentage of failures was 16.0.

LIST OF SUCCESSFUL CANDIDATES.

LONDON.

City of London Lying-in Hospital.—L. Borham, A. S. Eastman, A. M. Gray, J. M. Peters, L. Wilson, D. P. Woodhouse.

Clapham Maternity Hospital.—N. L. Boast, F. F. E. Osborne, J. A. Whyte.

Croydon Union Infirmary.—F. Duffield.

East End Mothers' Home.—A. L. Akroyd, B. Blagg, W. Dunstan, M. Forde, L. Harwood, E. C. Tinker.

Edmonton Union Infirmary.—M. J. Doggett, E. McConkey.

General Lying-in Hospital.—M. E. Baldwin, E. C. Disney, E. J. Faulkner, M. E. Griliths, E. N. Gutteridge, V. M. Prior, M. Rickoff, M. A. Robinson, F. P. Tubbs.

Guy's Institution.—M. R. Owen, A. C. Von Pein, M. R. Willett, E. M. Wolfe.

Holborn Union Workhouse.—M. C. M. Tarrant, Lambeth Parish Workhouse.—M. Wyatt.

London Hospital.—W. Ingram, E. Jeffery, G. M. Knight, J. E. C. Leitch, M. A. Pocock, M. L. Rodgers, E. F. A. Shaw, E. Wilshire.

Maternity Nursing Association.—A. M. S. Fiew, E. Kay, A. Meldrum, M. Priestley, F. M. Reynolds, L. Stubbins, A. Sullivan.

Middlesex Hospital.—M. J. Besant, E. F. Branford.

New Hospital for Women.—A. Maynard, D. F. Townsend.

Plaistow Maternity Charity.—A. Aldridge, M. E. Ambrose, S. E. Andrews, F. A. Baguley, C. A. Bennett, D. Berryman, E. Bourne, H. E. Brooke, A. E. Curson, G. M. Jones, J. Leonard, G. March, E. E. Measures, C. H. Morris, N. Paull, F. Pearce, D. E. Plowman, C. A. Reeves, E. J. Roberts, E. E. Robinson, A. Sibley, G. E. J. Watkins, O. Whitaker, E. M. M. Wilkinson, M. William s.

Queen Charlotte's Hospital.—E. M. Bentall, R. V. F. Bye, E. D. Cooksey, A. M. Fisher, A. E. Hounam, F. M. Hubbard, C. W. Hudson, H. M. Layton, L. O'Mahoney, K. E. Onand, M. B. Thorne, D. M. M. Von Holtorp, E. Wightwick, G. M. Jones.

Salvation Army Mothers' Hospital.—S. E. Brockhill, B. R. Santnaire, E. M. Tatterson.

St. Bartholomew's Hospital.—M. A. Bell.

Wandsworth Union Workhouse.—E. M. Beacon.

West Ham Workhouse.—F. M. Fossett, F. M. McLoughlin.

Woolwich Home for Mothers and Babies.—F. E. Shepherd.

Woolwich Military Families' Hospital.—L. C. Arnell, A. E. Baker.

PROVINCES.

Aston Union Workhouse.—F. Sherrin.

Birkenhead Maternity Hospital.—J. H. Robinson, M. A. W. Veitch.

Birmingham Maternity Hospital.—M. E. Carter, E. K. Church, F. M. Cogan, M. Cousins, L. K. Crockett, S. A. Dalloway, F. M. Potts, A. Walker. *Birmingham, Selly Oak Union Infirmary.*—E. W. Nason.

Brighton Hospital for Women.—S. E. J. Amos, E. L. Evans, M. F. King, L. F. Küffer, E. E. Ruck, E. J. Strickland, P. Vine.

Bristol General Hospital.—E. H. Perry.

Bristol Royal Infirmary.—I. Garnett, M. H. Giles, M. Higgins, N. J. Rutherford, M. L. Tarver. *Derby, Royal Derby Nursing Association.*—E. A. Bragg, E. Dixon, E. Parker, L. J. Robson, A. Roper, T. Wilkinson, D. A. Wilson.

Devon and Cornwall Training School.—H. Dunsan, C. Gaudin, J. M. Larway, F. L. Moyle, L. C. Pope, A. E. Raymont, M. Wakem, V. N. Baker.

Gloucester District Nursing Society.—E. Parry.

Leeds Maternity Hospital.—G. E. Pole.

Leicester Maternity Hospital.—K. Walker.

Manchester, St. Mary's Hospital.—C. I. Holland, A. M. Ivens.

Nottingham Workhouse Infirmary.—A. M. Leonard, E. M. Usherwood.

Sheffield, Jessop Hospital.—I. Beeforth.

Shorncliffe, Helena Hospital.—D. E. Edmondson.

Southampton Union Infirmary.—L. Nursall.

Staffordshire Training Home for Nurses.—E. Thornton.

Windsor, H.R.H. Princess Christian's Maternity Home.—M. H. M. Gurney.

Wolverhampton Union Infirmary.—E. Reed.

York Maternity Hospital.—A. Holmes, L. Medd, M. Riley.

WALES.

Cardiff, O.V.J.N.I.—A. E. Carless, G. E. Davies, A. Grother.

Merthyr Tydfil Union Infirmary.—M. Jorcs.

Monmouthshire Training Centre.—T. C. S.

Cooper, E. A. Jeffreys, L. Tapper.

Monmouthshire Training Centre and Newport (Mon.) Union Infirmary.—R. Thomas.

SCOTLAND.

Aberdeen Maternity Hospital.—M. E. Easson.

Dundee Maternity Hospital.—M. V. C. Fairweather, G. McPherson, E. R. Scott.

Edinburgh Royal Maternity Hospital.—A. G. McMinn.

IRELAND.

Dublin, Rotunda Hospital.—E. M. Hankin, R. C. Maloney.

INDIA.

Bombay, Bai Motlibai Hospital.—M. Strip.

PRIVATE TUITION.

N. M. Adamson, E. K. Angell, E. Archer, F. M. Atherton, E. J. Barnes, F. A. Burbers, F. J. Davies, A. M. M. Evans, E. Evans, A. E. Harmon, A. Hewse, E. Knott, E. M. Le Fevre, E. C. McMartin, F. E. Maxon, C. L. Mead, A. A. Page, L. R. Pitcher, R. F. Robellaz, A. M. Sanders, M. J. Thomas, C. Twist, E. Varney, C. Willsher.

PRIVATE TUITION AND INSTITUTIONS.

Brighton Hospital for Women.—M. F. Ronchetti.

General Lying-in Hospital.—G. Stubbs.

Liverpool Maternity Hospital.—A. Perrins.

Salvation Army Mothers' Hospital.—E. J. Wolfe.

Wolverhampton Union Infirmary.—E. E. Haytes.

TOXAEMIAS OF PREGNANCY.

The *British Medical Journal* quotes Dr. A. J. Rongy, who, in a foreign contemporary, discussing the treatment of toxæmias of pregnancy, says that formerly these conditions were attributed to changes in the kidney, liver, brain, &c., but at present they are coming to be considered secondary to the effects produced by foreign substances in the blood of pregnant women. Abderhalden's observations are referred to, and Wolff-Eisner has shown that foreign protein substances thrown into the circulation of the pregnant woman under certain conditions bring about a state of eclampsia. Normally these are neutralized by antibodies, but if the woman is unable to furnish these, or the production of the foreign body is excessive, the equilibrium of the maternal metabolism is disturbed, and we have a toxæmia. Clinically we recognise two varieties of this: (a) Those occurring in the early months of pregnancy, characterised by nausea, morning sickness, and, in severe cases, by the pernicious vomiting of pregnancy; and (b) those occurring in the last three months of pregnancy, characterised by headache, dimness of vision, slight epigastric pain, rise in blood pressure, and albumin in urine. This last variety, unless promptly attended to, terminates in eclampsia. Prophylaxis is the keynote to the successful treatment of these toxæmias. No one can tell when the symptoms appear, how soon they may become severe and be uncontrollable, and when the patient does not promptly respond to treatment, Rongy holds that the pregnancy should be terminated. Experience has taught us that these toxæmias do not recur, and we do not now consider a former eclampsia as contra-indicating future pregnancies. In the course of his experiments with fetal serum to bring on labour, Rongy's attention was first directed to the possibility that the toxæmias are due to some foreign proteins originating in the product of conception, and his success with the serum treatment of the later toxæmias led him also to employ it in pernicious vomiting. We are justified, he says, in presuming that all women who pass through pregnancy and labour normally

must necessarily produce certain elements neutralising the toxic substances. Hence the injection of serum from a normal, healthy, pregnant woman will not only add these but also stimulate the circulation into their increased formation. This treatment should be begun early, before the maternal system is saturated with the poisons, and if it fails to cause improvement in from thirty-six to forty-eight hours it should be discontinued. His experience with the use of placenta serum consists of that gained in four cases of pernicious vomiting and three of threatened eclampsia, which are reported. In eclampsia the fatality depends on the degree of toxicity and not on the number of convulsions. The signs indicating the degree of toxicity are the quantity of urine excreted, absence of lucid intervals between convulsions, and high pulse-rate. The presence of one or more of these symptoms is of grave import, but if the urine excretion is not greatly diminished, the pulse-rate less than 120, and the mind clear between attacks, the prognosis is correspondingly more favourable. The experience in these classes of cases in the Jewish Maternity and Lebanon Hospitals is briefly given, both the operative and medical. The point specially made by him is that the toxæmias of pregnancy cannot be treated by any uniform method, and, while he believes that the uterus should be emptied in all cases of eclampsia, each case must be individualised. There is a definite pre-eclamptic stage and premonitory symptoms of pernicious vomiting. With this generally recognised the morbidity and mortality would be greatly reduced.

PRACTICAL POINT.

To Relieve Weight of Cot Covering.

Increased comfort may be secured to a very ill baby, by relieving it of the weight of cot coverings. To arrange this, make a frame of close wire netting, cut to project a couple of inches beyond the edge of the cot, lined and bound with thick flannel or blanket. Over this the necessary coverings may be laid, hanging well over the end and sides of the cot. The upper ends of the frame may be tied to the cot by tapes. This arrangement enables the nurse to refill hot-water bottles, &c., without disturbing the baby.

MOTHERCRAFT.

We have received from the National League for Physical Education and Improvement, 4, Tavistock Square, London, W.C., a copy of "Mothercraft," which is a collection of lectures delivered under its auspices at the Royal Society of Medicine and the Charing Cross Hospital Medical School, from October to December, 1914. The Introduction is contributed by the Right Hon. Arthur H. D. Acland, and the lecturers include a number of medical practitioners of note, and others, experts in their particular subjects.

THE BRITISH JOURNAL OF NURSING

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EDITED BY MRS BEDFORD FENWICK

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Vol. LIV.

EDITORIAL.

GUARDIANS OF THE EMPIRE.

In the War in which we are now engaged, when the finest men that the country can produce are freely offering their lives in the defence of the Empire, it is inevitable not only that many shall die gloriously on the battle field, but, what is inexpressibly sadder, that many shall be maimed for life, and unable to follow the occupation at which they have been accustomed to earn a living.

Sir Frederick Milner, who has been visiting the wounded men in military hospitals for some months, writes to the press—

“What has caused me more pain than anything is the mental suffering these poor fellows endure. They do not know what is to become of them. I endeavoured to assure them that they need not worry, that a grateful country would see to it that they did not want; but they said they had been told that so often only to be deceived, and I found it impossible to reassure them. Now it is inconceivable to me that these men will not be amply provided for. The country surely would not suffer it. Would it not be possible for the War Office to give instructions to the officer in command at the various hospitals to tell these poor fellows that they need not worry; to tell them definitely what will be done for them as soon as they leave the hospital, and so save them from the mental torture which adds so much to their sufferings. It seems to me that mere humanity demands this. . . I commend this suggestion most earnestly to our great War Minister, whose sympathy for these gallant men is well known.”

Trained nurses who know so well how mental anxiety adds to the distress, and retards the recovery of their patients will endorse every word of Sir Frederick Milner's letter. As nurses they will wish that the

assurance which “mere humanity demands” may be given at once, as patriots they will earnestly hope that the sailors and soldiers, by whose gallantry alone we are spared the invasion by a relentless foe, the horrors of which would exceed those which have appalled the world in Belgium, shall receive not only just but generous treatment. For the nation to accept all that these men, brave beyond compare have done for it, and to refuse to pay the bill when, broken in our service, they need the means of support for themselves and their dependents, would be an act of incredible meanness of which we refuse to believe the nation would be guilty.

But it is our national duty not only to pay our debts eventually, but to give a Promissory Note at once in order to relieve the mental anxiety of the patients which is inevitable, when blind, halt, and maimed they lie in cruel uncertainty in hospital wards, waiting for the time when the kindness and care now lavished upon them will cease, and crippled, or sightless they have to face life once more.

We hope that one of the first acts of the House of Commons, when it reassembles on February 2nd will be to put this question on a sound financial footing. “The Incorporated Soldiers and Sailors Help Society” is doing good work, but this is not a matter for private charity, the responsibility must be assumed by every man and woman in the kingdom who is financially able to share the burden of Empire.

The most magnificent and wealthy Empire that the world has ever known cannot expect to defend its treasures at the miserable rate of pay which has been considered sufficient for our defenders in the past, the whole system of National Defence needs putting on a new economic basis. Nor must widows and orphans be forgotten. If the Empire is worth keeping it is worth paying for.

SHELL WOUNDS.

Lieut.-Colonel A. W. Sheen, R.A.M.C. (T.F.), F.R.C.S. Eng., officer commanding the Welsh Hospital, Netley, writing in *The Lancet* on "Some Experiences of Shell Wounds in the Present War," says:—

It takes but little experience of shrapnel and other shell wounds, which when they get to hospital are almost always infected, to realise that the best thing to do is to leave them alone—that all aggressive surgery is a mistake, that foreign bodies *per se* do no harm, and that the laying open of fresh tissue areas is to be avoided.

Amputations are unwise, simple removal of any nearly dissociated parts being sufficient, even if ends of bone are left protruding. If a previous formal amputation has been performed there is almost always free suppuration and flap retraction, with the necessity for re-amputation later.

The best treatment is the boracic fomentation assiduously and properly applied; the lint should be wrung as dry as possible out of really boiling water, put on in at least two layers, amply covering the wound and adjacent parts, well overlapped in its turn by the mackintosh, fixed so as to avoid displacement and permit of easy changing, and changed as often as every two hours in badly infected cases. There is no particular virtue in the boracic acid, but the pink colour of the lint emphasises its special use.

Where there is a wide wound, locally very foul, but with no spreading or general infection, antiseptic sawdust is a good dressing. When leaning over the bandage and smelling, there is not the offensive odour of other dressings, but only a fragrant smell. The sawdust is best applied over a single layer of sterile gauze laid across the wound. The corners of

the gauze are then brought over the sawdust. The dressing should be changed at least twice daily. "*Pinus sylvestris medicatrix*" is an impressive name for the soldier. The use of gauze plugs, sterile or medicated, is wrong; they become intensely foul, and cork up discharge. Drainage tubes are only very occasionally necessary.

The employment of congestive treatment other than the fomentations—Bier's bandage or Bier's cup—should follow the usual principles of dealing with infected wounds. A high value is placed nowadays on peroxide of hydrogen, but I cannot satisfy myself that it has any special usefulness in these cases. It

is very difficult to estimate the value of medications applied to wounds in removing infection and hastening repair, for cleansing and healing usually take place rapidly under congestion and natural processes.

Granulating and mildly infected wounds do well under sterile gauze wrung out of warm "parabolic" applied twice daily. Sterile wounds require a dab of tincture of iodine and a pad of sterile gauze daily or less often. Occasionally an obvious abscess requires opening, an ill-draining sinus enlarging, or a cellulitis incising. In the absence of constitutional disturbance it is well to wait for definite evidence of these conditions.

Doubtful spots should not be incised if the temperature is normal.

The best procedure in ward dressings is as follows:—The "dresser" wears rubber gloves throughout, the lotion is warm "parabolic" 1 in 40, parabolic being one of the British equivalents of the German lysol. Between each dressing the gloved hands are washed in soap and water and rubbed with the lotion. Wool dabs are used in the lotion, gloved hands rinsed in it, and instruments kept in it. The whole process is simple and expeditious. Bare hands



EXTENSION SPLINT APPLIED IN COMPOUND SHELL FRACTURE OF HUMERUS.

get infected, and infect clean cases. Fresh rubber gloves for each case are unnecessarily time-consuming and costly. To use sterilised gauze for mops in these infected cases is unnecessary.

The prolonged hot iodine bath for limbs is very useful; three or four hours at a time alternating with the fomentations. Whilst in the bath the patients are encouraged in the use of muscles and joints.

I am accustomed to say in speaking of limb injuries, "Do not think of the wound, think of the limb below it. Endeavour to minimise the crop of cripples which this war will bring forth." Everything possible must be done to prevent stiff joints, atrophied, paralysed, glued-together muscles, lengthened tendons, loss of grasp, dropped hands, and dropped feet. Later we shall have war hospitals which by electricity, by massage, by hot-air baths, and by mechanical and surgical methods are endeavouring to cure what might have been in many instances prevented by carrying on side by side with the wound treatment, treatment calculated to restore the usefulness of the limb.

The patients must be stood over at the time of their dressings and carefully and methodically put through different movements and exercises. With the arm, for example, the patient is told to use every endeavour to make this or that movement, to make finger meet thumb, to flex and extend the wrist, to pronate and supinate, to grasp, to separate and close together the fingers. It is explained to the patient that all this painful exertion is for his own good, and to give him a useful limb later.

Splints should be designed to keep a limb in its most useful position and to prevent tendons lengthening. In wrist drop, for example, arm splints are prolonged by a piece attached at an angle which dorsiflexes the palm, leaving the fingers free. The arm extension splints of Borchgrewink, for my knowledge of which I am indebted to Mr. E. W. Hey Groves, of Bristol, are occasionally useful, but it is difficult to apply the extension strapping in the presence of a septic wound. The humerus splint is shown in our illustration, for which we are indebted to the courtesy of the editor of *The Lancet*.

Trained nurses in Switzerland, who may need advice, are reminded that the Hon. Vice-President of the International Council of Nurses for Switzerland is Sister Emmy Oser, whose address is Zurich 7, Plattenstrasse 33. Sister Emmy will, we are sure, be glad to advise any members of the National Council of Trained Nurses of Great Britain who may wish to consult her.

OUR PRIZE COMPETITION.

FOR WHAT CONDITIONS IS TRACHEOTOMY DONE AND WHAT INSTRUMENTS ARE REQUIRED FOR THE OPERATION. DESCRIBE THE AFTER-CARE OF THE PATIENT.

We have pleasure in awarding the prize this week to Miss M. H. Griffith, Eastern Hospital, Homerton, London, N.E.

PRIZE PAPER.

Tracheotomy, which consists in making an opening into the trachea, may be required for various conditions characterised by difficult breathing, usually arising from laryngeal obstruction, but in rare cases may be tracheal. It is also sometimes performed as a preliminary step in some serious operations in and about the mouth.

The laryngeal obstruction may be due to any of the following causes:—(1) Diphtheria; (2) membranous laryngitis; (3) laryngitis accompanying all infectious diseases, more especially that of measles; (4) severe "simple" laryngitis and "child-crowing"; (5) any injury, such as a foreign body or scalded throat; (6) simple ulceration of the larynx; (7) ulceration due to tuberculosis or syphilis; (8) oedema of the glottis, more especially in injuries of the mouth which become inflammatory; (9) some swelling external to the larynx, e.g., *post-pharyngeal abscess* (which is often mistaken for membranous laryngitis), or other large inflammatory swellings in the mouth, or any growth in the neck pressing on the larynx, or a laryngeal growth; (10) any local condition of the larynx, such as paralysis or spasm of the vocal cords.

The instruments required for the operation are scalpel, scissors, dissecting forceps, artery forceps, probe, director, sharp hook, retractors, dilators, pilot, tracheotomy tubes (threaded with tapes, and properly fitted with inner tubes), needles, sutures, ligatures, and feathers.

The after-care of the patient is of the greatest importance. The patient must not be left, but the secret of success lies in disturbing him as little as possible.

Before taking charge of the case the nurse should always obtain clear instructions from the doctor as to her course of action in the event of sudden and severe dyspnoea coming on, which is not relieved by the removal and cleaning of the inner tube.

The temperature of the room must be kept at 65° F. A steam tent may or may not be ordered, and unless the room is imperfectly warmed, the patient does better without it, but in cases where the mucus is sticky and scanty and the cough hard and dry, a steam tent is often beneficial; the nurse must strive to keep

the tent at an even temperature, and aerify it by using oxygen for ten minutes every half-hour. Hot swabs placed over the opening of the tube, and frequently changed, or spraying the trachea through the tube often gives relief.

The wound must be kept as aseptic as possible by placing a layer of jaconet over the dressings immediately under the shield of the tube; the dressings are prevented from becoming moistened and fouled by mucus, &c., that may be coughed up.

If the patient has a dry cough, and the mucus is sticky and tough, the inner tube must be taken out frequently and cleansed with a sterile feather and swabs wrung out of sterile water to which a little sod. bicarb. is added. The outer tube must be kept firmly in position while the inner tube is taken out and in replacing.

Three layers of antiseptic gauze should be lightly fastened over the opening of the tube, so as to filter the air into the trachea and also to protect the trachea from outside bodies.

The patient's clothing should fasten in the front, and nothing should be fastened round the neck. It is usual at first to feed the patient by means of a nasal tube (providing that the obstruction is not due to any pharyngeal trouble). The feeds ordered may consist of milk, beef tea, &c.; also brandy is usually ordered.

Accidents which may happen after this operation are hæmorrhage, blocking of the tube, or the tube may slip out in front of the trachea.

If the patient's breathing becomes suddenly embarrassed and there is danger of suffocation, the nurse should remove the inner tube in case the trouble is due to blocking of it by membrane; finding it clear, she should send immediately for the doctor. Then examine the outer tube; if it is apparently in position, and the inner tube not blocked, the dyspnoea is evidently due to a piece of membrane in the trachea too large to pass through the tube.

If the patient becomes moribund before the doctor arrives (and the nurse has his permission) she will proceed to cut the tape and remove the tube; then gently place the dilators in the trachea, and keep it open until the doctor arrives. This must only be done by the nurse as a last resource.

Pneumonia is the chief danger of tracheotomy.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss E. M. Strecter, Mrs. Lee, Miss F. Sheppard, Miss J. G. Gilchrist, Miss E. G. Cheateley, Miss E. M. Chapman, Miss E.

Daniells, Miss M. D. Hunter, Miss D. W. Maton, Miss H. M. Springbett.

QUESTION FOR NEXT WEEK.

Discuss the management of a patient whose tongue has been excised.

THE INTERNATIONAL MEMORIAL TO FLORENCE NIGHTINGALE.

Miss L. L. Dock, the Hon. Secretary of the International Council of Nurses, with her well-known love of honourable dealing, considers it her duty to place before the members of the National Councils of Nurses in Europe and the British Empire, forming the International Council, the following direct and impersonal statement in reference to the proposal agreed to at Cologne in 1912, to promote a Nurses' International Memorial to Miss Nightingale. We agree with Miss Dock that this impersonal statement should be placed on record:—

IMPERSONAL STATEMENT BY MISS L. L. DOCK.

When suggestions arose in England for suitable memorials to Miss Nightingale, only one person stood forth with a strong and earnest plea for an educational memorial, and that person was Mrs. Bedford Fenwick, founder of British and international organization among nurses, and the one who had, during her matronship of St. Bartholomew's, initiated the three years' course and planned out a graded teaching of theory to accompany it. Years before Miss Nightingale died, Mrs. Fenwick had written strong articles, advocating and predicting "Colleges of Nursing." She now, with emphasis and detail, urged the educational character of Miss Nightingale's whole life-work and declared the appropriateness of building an educational memorial in her honour. She stood alone. All other voices spoke for purely conventional memorials, such as windows, statues and tablets; or for sentimental ones, such as pensions for decayed nurses, and the like. The Nightingale School (more correctly Mr. Bonham Carter) stood with the majority for charity and convention. Mrs. Fenwick asserted that there should be no charitable element in a memorial to the Founder of Scientific Nursing. The time of the Cologne Congress came. From international comradeship and bonds of amity, St. Thomas' Hospital had always stood aloof. With true English reserve and love of precedent, it kept the Nightingale School outside of all self-governing associations of nurses. There is no alumnae society among its graduates. As a school, it has, therefore, no representation and no part in the work of the International Council of Nurses.

The proposal to found a Chair of Nursing and Health as an international memorial from the nurses of the world to Miss Nightingale was made,

and adopted at Cologne by the representatives of 23 countries. The plan, instantly popular, was published at once with complete frankness, our hope of interesting Bedford College for Women, connected with the London University, being made known with equal frankness even before we had gone to them with our wish and hope. For three years the Memorial has been spoken of in the nursing journals and within the last year, in view of the meeting at San Francisco, active steps have been taken and duly proclaimed to gather funds and to approach Bedford College. The material from the Department of Nursing and Health at Teachers' College was sent over, and Bedford seemed inclined to show at least interest in what we wanted to do. Then suddenly, when all was in train, it was learned that St. Thomas' Hospital had approached King's College for Women with a proposal to found there a memorial to Miss Nightingale with the remainder of the original Nightingale Fund subscribed after the Crimean War, this memorial to take the form of scholarships for the courses of Domestic Science. It was further learned that King's College had agreed to this proposition. For this, of course, no one can feel anything but approval and satisfaction. It is a good thing to do—a step in the right direction. But, coming just when and in the way it has come, it has all the appearance of having been meant to weaken or even to sidetrack the international memorial. This may sound like an expression of pique, but it is not so. It is simply the conclusion that one's intelligence can hardly avoid when various facts are known. I shall mention some of these.

When the work of organizing for the Memorial had received influential encouragement Mrs. Fenwick, as head of the English branch of the International, called on the Matron of St. Thomas' Hospital, and invited her to go on the committee. The matron declined not too graciously. She intimated that St. Thomas' would have its own memorial, but gave no hint that the International proposal and scheme had been in part adopted. The Secretary of the International, who afterwards (in March of last year) called upon her to suggest that at least some of the St. Thomas' graduates might like to be included in the Procession at San Francisco when our gifts were to be brought for the memorial, also encountered a decidedly chilly demeanour. One remark made by the matron that struck the secretary especially was a suggestion that a University Chair, to be commendable, should be "under professional management." What, then, has been our surprise to learn that St. Thomas' also got from Teachers' College, New York, where American Nurses have established a Chair of Nursing, the printed materials needed for laying a plan before the authorities of King's College, and this surprise was deepened by learning that it secured this material through one whose scholarship at Teachers' College was given her by the League of St. Bartholomew's Hospital Nurses, who, as their intermediary, preserved the same silence as to the

proposed plans of St. Thomas', this silence having been, no doubt, required of her as confidential consultant.

However, we now must consider what effect this foundation at King's will have upon our hoped-for foundation at Bedford. As a matter of fact, the Domestic Science scholarships by no means constitute the Department of Nursing and Health which is our ideal. We shall therefore go on organising and after the War collecting money for this Department. Our goal is a Chair of Nursing and Health, nothing less. Meantime, the scholarships at King's will in all probability retard our reaching our goal. Indeed, the Trustees of Bedford College have already suggested that the obvious impropriety of "overlapping" the work of King's would come into the question now, if we pressed our petition. We may have to wait some time to bring it about, but we have not the smallest intention of abandoning our purpose. The proposed Nurses' International Memorial to Florence Nightingale, the creation of a Chair of Nursing and Health by Nurses, will be pursued unremittently until it is finally in existence.

THE WHITE SHEET.

Miss S. Bulan, the foreign untrained Editor of the *Nursing Times*, presumes in its last issue to make a purposely misleading statement concerning the International Council of Nurses and its work, in which she says that the Nurses' International Memorial "is at a deadlock and the situation which has arisen is deplored by the *American Journal of Nursing*." We refer our readers to Miss L. L. Dock's statement, published in this issue, to show in what manner honourable American nurses "deplore" the action of the Nightingale Fund in this connection, and that far from there being "a deadlock," American nurses with their colleagues in other countries now contributing every penny they can spare to help mitigate the misery of war, intend after the war to continue to collect funds for an International Chair of Nursing, as they have a perfect right to do. Thus Miss Bulan's statement that "It will be remembered that this memorial was supported only by a small section of the nursing world in this country" is quite unwarrantable; as she has no access to the business records of this professional Council of Nurses, she has therefore no information of any kind upon which to form an opinion.

That the nursing profession in this country should be subjected to persistent misrepresentation in the shameless campaign of exploitation by untrained foreigners is by no means surprising. Their interests and ours are diametrically opposed. But what is surprising is that professional women should combine with them and not hesitate to cover untrained aliens in their jealous attacks upon professional Associations of Nurses. Such conduct is disloyal and subversive of professional discipline.

The fact is that the International Council of Nurses, composed as it is of the leaders of nursing thought and progress throughout the world, has declined on ethical grounds, to be associated with or financially exploited by the commercial publication of which Miss Bulan is Editor. Her inimical attitude towards it is therefore not unnatural. It is high time, however, that the position of those members of our profession associated with Miss Bulan should be clearly understood, and the explanation on this point to an eminent American nurse who objected to anonymous letters signed "The Editor," is highly instructive. To quote from a letter before us:—

"With respect to the editorship of this paper, I may say that there is no Editor—by which I mean that the journalistic work is done by a literary staff, whose names would convey nothing to you. But the proofs are read, and suggestions made, by several of the leaders of the nursing world in England, who prefer not to have their names mentioned, simply because in the unfortunate state of affairs at present, this would give rise to misrepresentation.

"Whatever the views of these people may be, and they are very varied, they are not allowed to influence the policy of the paper, which is open and impartial.—Yours faithfully, The Editor."

Secrecy in the conduct of quack nursing sheets is no doubt the essence of their being, but who the "leaders of the nursing world in England" may be, so contemptuously referred to by their untrained chief as "these people," who moreover "are not permitted to influence the policy of the paper" and "whose names would convey nothing" to an American colleague matters little, but we cannot agree that the straightforward and honourable course of coming out in the open, instead of giving surreptitious support to attacks on their colleagues in the dark, would give rise to misrepresentation."

In our opinion these ladies owe it to the profession at large to assume the white sheet, and in making open confession purge our ranks of cowardice if not of disloyalty.

FRENCH FLAG NURSING CORPS.

Miss C. P. M. Tod, Miss E. M. Bean, and Miss Mabel W. Pope, left London for Bordeaux on Saturday, the 9th inst., and if the weekly boat sails as usual, the following nurses will leave London for the same destination on the 16th inst.: Miss C. K. Knox, cert. Leith General Hospital; Miss C. McKay Gunn, cert. Royal Infirmary, Perth; Miss E. G. Saunders, cert. Bagthorpe Infirmary, Nottingham; Miss Aldis, cert. Lewisham Infirmary; Miss S. Hutchinson, cert. West Ham Infirmary; Miss I. Dodds, cert. Royal

Infirmary, Dundee; Miss F. G. E. Patrick, cert. London Temperance Hospital. Queen's Nurse: Miss S. Carroll, cert. Bagthorpe Infirmary, Nottingham. The Committee of the F.F.N.C. wish it known that they are prepared to receive applications from well-trained British Nurses who speak French. Experience proves that without this qualification it is very difficult for even the most efficient nurses to perform their duties under the direction of French medical officers, with the greatest possible benefit to the patients. Mrs. Murray will see candidates on Mondays at 5, Nevern Square, Earl's Court, S.W. and Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Saturdays from 2.30 to 4.30 for the same purpose.

NURSING AND THE WAR.

Thousands of trained nurses are now employed in nursing sick and wounded soldiers at home and abroad, and our large hospitals have all supplied as many as can possibly be spared from their civil duties. The fact that St. Bartholomew's Hospital entirely staffs No. 1 London (City of London) General Hospital, in addition to other Army nursing service, makes the list of Bart.'s nurses on active service a very long one; and, in giving their names in a supplement to *St. Bartholomew's Hospital Journal*, the fact that it is headed by a "Bart.'s" woman—Miss Cox-Davies (Principal Matron), and not by a lady trained at another school, prevents an undeserved slur being cast on this training school, and proves the wisdom of the Mansion House Committee in selecting a "Bart.'s" trained woman, upon the demise of the former Matron of St. Bartholomew's Hospital, who rendered such sympathetic service in helping to organize the City of London Branch of the Territorial Force Nursing Service; and was herself the first Principal Matron. No less than 160 names appear in the list of nurses certificated at "Bart.'s" serving at home and abroad. We note that the four members of the French Flag Nursing Corps, who, by the by, are officers in the French Army, are omitted from the list.

THE RAID ON THE WOUNDED.

When War was announced in August, many Society girls rushed off to the seat of War in Belgium as "Volunteer Nurses." That they knew nothing of nursing in no way deterred the "raid on the wounded." The *Globe* reports that two of these "Red Cross Heroines" have just returned to England, after experiencing many hardships and vicissitudes in Belgium—Miss Angela Manners (daughter of Lord and Lady Manners), and Miss Nellie Hozier (who is Mrs. Winston Churchill's sister). It is reported that "they were amongst the first to set out for the

Front, and arrived at Mons just after the battle. For a time the Germans allowed them to nurse the wounded British prisoners, but later—they have not the slightest idea why, unless it was merely the expression of the enemy's vindictiveness—they were arrested and put in prison, where they were kept on bread and water diet, and treated with great severity, until at last they were released and allowed to leave for England, on condition that they travelled via Norway—a long and most trying journey." Now that these pseudo-nurses are safely at home, let us hope they will realise that the lives of our soldiers are sacred, and that when sick and wounded they are not to be trifled with to satisfy the excitement and curiosity of

By the courtesy of the Editor of the *Canadian Gazette*, we are able to publish the accompanying picture of a group of Canadian Nurses now in France. The smart military uniform of dark blue cloth and gold buttons and braid was quite a familiar sight in London streets during the time the Canadian Nursing contingent were the guests of St. Thomas' Hospital.

FROM THE "BOARDS" TO THE "WARDS."

Owing to slack times on the boards, we learn that pretty actresses are gaining some experience in human emotions in the wards. The *Daily Call* has a portrait of Zena Dare (the Hon. Mrs. Brett)



A GROUP OF CANADIAN NURSES, MOST OF WHOM ARE NOW IN FRANCE.

Top Row, left to right: Nurses Halfpenny (Montreal), Bruce (Toronto), Mills (Ottawa), Bell (Carleton Place), Pugh (Kingston), Macdonald (Calgary), Frew (Quebec), McAlister (Kingston), Ivey (London, Ont.), Geen (Belleville), Davies. Sitting, left to right: Smith, Burns (Toronto), Dover (Victoria), Matron-in-Chief Margaret MacDonald, Ridley (Assistant Matron), Parkins (Montreal), Hunter (Toronto).

untrained women, whatever their social status. We are not moved to sympathise with the woes of these young women, and do not wonder they were somewhat harshly treated by the enemy if they knew Miss Hozier was the sister-in-law of the First Lord of the British Admiralty! It is high time the War Office prevented such complications—and once and for all prohibited "Society" at the Front. These ghoulish propensities upon the part of women, deprived of other forms of excitement, are thoroughly reprehensible and unwholesome.

as a Red Cross Nurse, on the nursing staff at the Callander Military Extension of the Falkirk Infirmary. We quote the following from the *Standard* :—

"Miss Norma Whalley, who in private life is Mrs. Percival Clarke, and therefore daughter-in-law to that distinguished jurist, Sir Edward Clarke, is training as a nurse at Guy's Hospital. She is shortly completing her course and expects to be sent out to one of the base hospitals in France. Miss Whalley, who was last seen with

Sir George Alexander at the St. James's Theatre, is an American by birth. Most people apparently forget this fact, for it is some years since she made her first appearance in London in a German-cum-American comic opera, called, if memory is correct, 'Madame Sherry.' The late Miss Florence St. John played the name part, and Miss Norma Whalley was a beautiful and tempestuous Portuguese dancer who carried a dagger in her stocking. Miss Whalley made a distinct personal success; but the operetta, though tuneful, was not good, and its life was a short one. In earlier days, Miss Whalley was counted among the beauty girls of several famous New York productions, and she still has every right to claim the descriptive adjective although she has advanced considerably both in professional and social distinction.

"The number of ladies who have been, or are still, connected with the stage and who are 'going in' for nursing is gradually increasing. Though Miss Felicity Tree is not on the stage she certainly is of it, and the fact that she is training in France is naturally highly interesting. In fact, there are many youthful and charming ornaments of 'the profession' who seem most anxious to emulate the example of the fair Russian dancer, Mlle. Ida Rubinstein, who has her own hospital in Paris, where she tends wounded soldiers. She is always most tastefully clad in 'white samite mystic, wonderful,' and wears the trickiest little white shoes with big jewelled buckles. A few years ago, Mlle. Rubinstein appeared at the Coliseum in a scena entitled 'The Dance of the Seven Veils.'"

Let us hope Mlle. Rubinstein will be on the spot to lend a "veil," should the Portuguese dancing of her colleague become too "tempestuous" at the front. No doubt, if these coryphées fall into the clutches of the Huns, the dagger might come in handy!

The special correspondent in Northern France of the *British Medical Journal* writes under the heading "British Red Cross Nurses":—

"Shortly before Christmas a moral bombshell fell in the hotels where British Red Cross nurses are quartered in France. A large number of them received notice that their existing engagements would be regarded as at an end on January 1st, though opportunity would be afforded them of re-engaging at half their original salary. Naturally they were much perturbed, their previous belief having been that there was a definite contract between each nurse and the Society, the former engaging to serve, at her own bodily risk and for not less than six months, wherever sent by the Society, and the Society being under an obligation for a like period to provide the nurse, so long as she was of good behaviour, with board, lodging, and a salary of £2 a week. Some of the nurses seemed disposed to contest the right of the Society to alter the terms of their engagements in the summary fashion indicated, but fortunately this proved unnecessary.

The authorities of the Society in France considered that, whatever its legal position might be, the new terms of employment proposed by headquarters in London for acceptance by the nurses in France could not in the circumstances justly be enforced. How the nurses would have fared had not this wise view of matters been taken it is difficult to say, for though the general intention of the 'contract' on which they were relying seems fairly clear, it is a loosely worded document which, from a legal point of view, probably binds no one to anything. Surmise is, however, superfluous since the incident is now happily at an end; nevertheless its occurrence is to be regretted. At the best of times the British Red Cross nurses in France, as a whole, are not in a very happy position. On various occasions the head-quarters of the Society in London have hurriedly sent out a good many more nurses than the number for which the authorities of the Society in France could find employment, and one result among others has been that a considerable number of nurses have had exceedingly little to do during the whole period of their stay in France, and consequently regard their time as having been wasted and their skill as unappreciated."

At home the salary has been reduced to £1 a week. The truth is that trained nurses have not been fairly treated from an economic standpoint from the beginning of the War, and owing to the competition of volunteers, V.A.D.'s, and other untrained women, their only chance of service has been either at reduced pay, or no pay at all. The glamour of "the front" has, however, been irresistible; the trained nurse's heart is apparently "right there."

JOINT WAR COMMITTEE.

HOME HOSPITALS.

The following nurses have been sent out to Home Hospitals during the past week:—

Highclere Castle, Newbury (Lady Carnarvon).

—Miss Gladys Owen.

Auxiliary Military Hospital, Southall.—Miss Ashworth.

Northlands Red Cross Hospital, Emsworth.—

Miss Stewart, Miss Fletcher.

Milton Hill, Stevenage.—Miss Simon, Miss Morris, Miss Gillingham.

Indian Hospital, Brighton.—Miss M. Gray, Miss C. Robinson.

V.A.D. Hospital, Jeffrey Hall, Monk Street, Sunderland.—Miss Callender.

Walcroft, Cosham (Mrs. Williams).—Miss E. A. Bailey.

7, Charles Street, Mayfair.—Miss Waugh, Miss Hand.

Clarendon Lodge, Millbrook, Southampton (Lady Dane).—Miss Chamberlain.

Indian Hospital, Brighton.—Miss Leitch.

Helperton, Frowbridge, Wilts.—Miss E. Leah.

Hill Hospital, Lower Bourne, Farnham.—Miss C. Ward.

18, Cadogan Gardens, S.W.—Miss M. A. Burke.
Dane John Hospital, Canterbury.—Miss Gunn.
Wingfield Park, Ambergate.—Miss Irwin.
Cleve Hill Hospital, Downend, Bristol.—Miss Kirkpatrick.
Rounham House, Southampton.—Miss Leask.
Melton Mowbray.—Miss Gillett.
Breeseide, Devizes.—Miss Seager, Mrs. Norton.
Mill Dane, South Shields.—Miss Luckie Smith.
V.A.D. Hospital, Hayes End, Hillingdon.—Miss Pound.
Red Cross Hospital, Mortimer, Bucks.—Miss E. E. Clarke.
Earl's Colne, Essex.—Miss Hartwell.
V.A.D. Hospital, Strood, Kent.—Miss McFadden.
St. Giles Hospital, near Salisbury.—Miss Playne.
V.A.D. Hospital, Larchec, Uppingham.—Miss Barclay.
Red Cross Hospital, Bakewell.—Miss Mehaffy, Miss Murphy.
Hospital, Town Hall, Torquay.—Miss Dicks.

INDIAN HOSPITAL, BROCKENHURST.

The following Sisters have been appointed on the staff of the Indian Hospital, Brockenhurst:—Miss E. Ryman-Smith, Mrs. M. E. P. Addyman, Miss N. Bowman, Miss M. Gibbons, Miss H. B. Hand, Miss J. Hayden, Miss A. M. Higgs, Miss T. Howard, Mrs. M. Knox-Strip, Miss A. MacGibbon, Mrs. A. Moir, Miss S. Nourse, Miss G. Osbourne, Miss M. L. Rait.

Miss Keer, R.R.C. (of the Board of Matrons at St. John's Gate, E.C.), is assisting Miss Davies (Matron of the King George Hospital, S.E.), in gathering together the necessary staff. There are still vacancies for Sisters and Nurses, the Sisters being paid £50; and the Nurses, £40 per annum.

The Nightingale Fund, through Mr. Bonham Carter, has given £250 to the Joint Committee, to provide three nurses—one for the King George Hospital, and two for the Brigade Hospital.

The Matron of the Brigade Hospital of the Order of St. John of Jerusalem, which it is hoped to send to France or Belgium in the Spring, will be Miss Constance Todd, Matron of St. James' Infirmary, Balham, and the Assistant Matron, Miss Chittock, late of Guy's Hospital, and now Principal of a Nursing Home at 25, Dorset Square, W.

ABROAD.

The following nurse has been sent abroad:—*Hôpital Mandeville, Caen, Calvados*.—Miss Mabel Cleave.

NURSES FOR SERBIA.

Miss Caldwell, trained at the East London Hospital and the Royal Victoria Hospital, Belfast, who has served in Bulgaria and Montenegro, in the Balkan War, is going with Captain Bennett's party, which leaves London on the 15th inst., in Sir Thomas Lipton's yacht, for Serbia and Montenegro.

Miss Brown, trained at St. Thomas' Hospital, is also going to Serbia, as Matron of Lady Wimborne's Unit.

A Hospital Unit is now in formation, under the auspices of the Serbian Government, to go out under Mr. James Berry (Senior Surgeon to the Royal Free Hospital), taking a full medical staff; nurses, and equipment; and also, if funds allow, warm clothing and other necessities for the people. Donations should be sent to the Secretary of the Royal Free Hospital, Gray's Inn Road, W.C., marked "Serbian Hospital Unit."

The Scotch Suffragist Red Cross Unit of four doctors and twenty-five nurses has arrived in Serbia, and is installed at Kraquievatz. The Americans have sent several Red Cross units to Serbia, which are doing very helpful work; and the distribution at Nish, of the gifts brought over by the American Santa Claus ship, was an immense boon. A large proportion of the presents were clothes and garments, and were absolutely needed to clothe the naked. The Serbian people have suffered untold hardships during the winter, and it is only the result of their unconquerable spirit that they have been preserved alive.

LETTERS FROM THE FRONT.

FROM FRANCE.

A lady who has returned to England after working for three months in a hospital for the wounded in the north of France shows how greatly trained nursing is required in voluntary military hospitals there. She writes: "A small party of us arrived full of ardour and with a great idea of organising and helping in every way. But, alas! after a few days we found that was quite hopeless. Method is the last thing thought of in a French hospital. Everyone does exactly as they like.

"Imagine a huge salle with very little light and air, unswept, spittoons in every direction, beds dirty and untidy, and the patients looking very neglected and uncared for, and about 200 ladies (untrained, of course), doing the dressings of the most serious kind. There were certainly a few religious Sisters there who were very good, but in a hospital containing 500 patients they could do but little, and had to give way to the 'Dames de France.' I shall never forget the impression my first visit gave me. It reminded me of opera bouffe. Ladies dressed in the height of the fashion, with white overalls, caps with Red Cross, some with slit skirts, silk stockings, high heels on dainty shoes, diamonds and pearls on necks, wrists and fingers. Poor French wounded! The men soon preferred to be attended by the trained English nurses; they soon realised the difference. The same consideration was not shown by the French surgeons to the patient as we are used to at home, and it is to be hoped that our nurses will not grow callous in helping, as I have seen an incision made with a pair of scissors, without any anæsthetic whatsoever.

"A medical ward which contained acute cases, such as enteric, pneumonia, &c., was in charge of a young man who has a fashionable tailoring business in Paris, with untrained girls to help him. Previous to this charge he was helping in the lingerie, and lamented to me having unskilled women to help him. In France we see and criticise these things, and wonder at them, but how about things at home. I return to find the same class of untrained Englishwoman going to the Front, hospitals dominated by them. Surely something can be done to stop this abuse, as there are plenty of trained nurses willing to devote their skill to the wounded. In France it is different. Trained nursing as we understand it has so far made very little headway.

"In looking over a journal this week I see portraits of ladies of title in nurses' uniform who have presumably appointed themselves matrons in hospitals, posts which should be filled by trained nurses of experience. How necessary all this disorganisation makes it to bring in a Registration Bill.

"During my private nursing days I often asked a lady of the house to assist me, and seldom found one willing to do so. The invariable answer was, 'Oh! I couldn't nurse. I can never do anything like that.' These ladies always send for a trained nurse for their own people, yet they are considered good enough for our poor soldiers. Surely the War Office cannot be aware of how widespread this system has become, or it would never be sanctioned."

Nurse Underwood, who for many years was the Night Superintendent of St. John's Hospital, Lewisham, is amongst those nursing in Lady Sykes' Hospital, Dunkirk, where all the patients are of French nationality. Writing to the Sister-in-charge of St. John's Hospital Nurse Underwood states that arrangements are being made for the ambulance to go to the firing line to bring the wounded direct to hospital. So eager are the nurses to undertake this hazardous work that they draw lots to decide who shall go. At present the ambulance train from the battlefields arrives at Dunkirk about midnight, and the hospital ambulance meets it. Everything (she says), is very expensive. Butter is 2s. 6d. a pound, and very scarce; and fresh milk is hardly procurable. One night (writes Nurse Underwood), 500 French soldiers were sleeping in a church at Lampernisse, a village between Perisyse and Dixmude. A German spy in the belfry gave the signal and the place was shelled. Sixty of the soldiers were killed and over a hundred wounded. "We had five in. They were all the beds we had to spare. Three died the next day. The other two were very bad indeed. One boy, only twenty, has both hands blown off with the exception of the little finger and thumb. I had to set my teeth hard the first time I changed the fomentis. He has also a wound in his head, and a big wound in his shoulder. I am afraid he will die." However, in a subsequent letter, Nurse Underwood states that he is getting along well.

THE CARE OF THE WOUNDED.

The King and Queen have given much pleasure to sick and wounded men from the front by kindly visits paid to them in hospital. During the past week Their Majesties have visited the Hospital of St. John and St. Elizabeth, St. John's Wood, St. George's Hospital, W., Mrs. Arnold's Private Hospital in Roland Gardens, and spent most of last Saturday at Brighton, where the wounded of the Indian Expeditionary Force both at the Pavilion and at York Place received marked attention. In the afternoon a visit was paid to the 2nd Eastern Territorial General Hospital at Dyke Road and at Kemp Town, and many of those who support and are attached to these hospitals had the honour of being presented to the King and Queen.

THE SPECIAL HOSPITAL FOR OFFICERS.

A few weeks ago we commended to our readers Lord Knutsford's appeal in the press for a special hospital for officers home from the war suffering from nervous breakdown, and it is with pleasure we are able to state that the executors of the late Lord Rendel have placed a suitable house at Lord Knutsford's disposal (10, Palace Green, Kensington), and that the donations he has received have justified its being opened.

On arrival one is ushered into a charming oak panelled hall, equipped with furniture as unlike that of the ordinary hospital as possible.

The reason is not far to seek, for like the piper, Lord Knutsford has played seductively, not on musical instruments, but with pen and ink—in the manipulation of which he is a past-master—in the press; and the public has responded, one with a large round table which suits the hall to perfection, another with a Chesterfield couch, and yet others with deep-seated luxurious arm-chairs. It is really quite easy to furnish on nothing if only you know the way, and the way is to the hearts of the public, inducing them to bring out things which they will gladly give or lend for the benefit of the sick and wounded when once they know their gifts will be appreciated. The delightful sitting room, in which the patients can receive their friends, has been furnished in the same way. The shallow staircase is covered with green carpeting, harmonizing admirably with the general scheme. Of course money has had to be expended on furniture for the wards, as the needs of such wards for proper hospital beds and a few necessary articles of furniture are much the same all the world over. Very dainty and attractive they look with the freshest of white muslin window curtains; and will, no doubt, prove very havens of rest and peace, soothing to the mental as well as the physical senses of many a gallant officer.

The patients—of whom thirty-five can be admitted, all the wards except one being single ones—are already beginning to come in. They are sent by the War Office. The Matron is Mrs. Cousins, who has had special experience in the care of nerve cases. At present the nursing staff numbers six, three trained nurses and three

probationers, and they will, of course, be increased as patients come in. One doubts the uses of probationers in a hospital of this kind, where every patient needs the care of a nurse, not only trained in a general hospital but in the care of nervous diseases—one of the most difficult branches of nursing work, requiring not only special training but special gifts. One has one's own very strong conviction that the best results would be obtained if only such nurses were employed, their work being supplemented by that of an expert domestic staff.

Lord Knutsford has, however, done good work in providing the hospital, and we hope he will receive the support for which he asks.

Lord Michelham has made the munificent gift of £14,000 to the fund for sick and wounded for the purchase of a hospital train. These well equipped trains save an infinity of suffering. We wonder if the poor French soldiers are being provided with such comfort. They tell our English nurses without the slightest envy that the English soldiers are much better cared for than they are—better clothes, better food, better nursing. This should appeal to our wealthy minority, whose source of income might materially decrease were it not that this great War, with Great Britain as the objective of the enemy, is being fought on French soil. No invidious comparison should be possible if we can do anything to prevent it.

Sir Arthur Sloggett, Surgeon-General to the British Forces at the Front, has approved and accepted a proposal to procure and equip four ambulance barges for immediate use on the waterways at the seat of war in France and Flanders. The use of barges as a means of transport for wounded and as actual hospitals has been tried, and met with the complete satisfaction of the authorities.

The climate of Cimiez is an ideal one for patients on the road to recovery, and the loveliness of this beauty spot on the Riviera is well known. It is a happy arrangement, therefore, whereby the Grand Hotel has been opened as a Convalescent Home for British Officers, under the control of the Order of St John of Jerusalem and the British Red Cross Society, and with the approval of the King it is to be known as "Queen Mary's Convalescent Home for British Officers." The home, which will accommodate 100 officers in separate rooms, was opened last week by Surgeon-General Sir Arthur Sloggett, who was received by M. de Joly, Prefect of the Alps-Maritimes. The hospital as described by a correspondent of the *Times* commands glorious views of Nice and the sweep of the coast border the Bay of Angels, those gardens, where the Bourgainvillea—most delicate of plants—will bloom, were the delight of Queen Victoria during her sojourns at the neighbouring Pavillon Victoria. The Medical Superintendent

of this terrestrial Paradise is Major S. Mackew, and the Matron, Miss Pierce. By a thoughtful arrangement, relatives of the patients can be received at some of the first-class hotels at a special rate of eight francs a day.

The King has sent Lady Parkington a donation of £100 for the Montenegrin Red Cross Relief Fund.

A GOOD BEGINNING.

Apparently the War Office has been taking into consideration the many unfavourable reports which have been so freely discussed, on the lack of organization, and the consequent bad management of many hastily equipped voluntary hospitals dominated by untrained ladies and over staffed with untrained members of Voluntary Aid Detachments. We learn that quite a tidy few have been recently closed or re-organized, and that it is contemplated to decrease their number considerably. It is high time. The Millicent Sutherland Ambulance at Dunkirk has been partly closed, and the Duchess, who has been acting as Matron, is at home again. Queen Mary's Hospital, Southend, will, for the future be worked on more professional lines; the Lady Superintendent and Secretary have left, and the trained Matron is now in authority as practical head of the Nursing department. The supervision of the nursing of the sick in hospitals by untrained ladies, even with best intentions, is a fatal mistake. Our soldiers' lives are far too sacred to be trifled with as a society fad.

THE PASSING BELL.

The Exchange Telegraph Co.'s correspondent at Petrograd says:—At her home near Odessa Mlle. Ludmila Alexinsky has died after a career of courage and devotion on the battlefield which are without parallel. Mlle. Alexinsky was present as a Red Cross sister at the battle of Gumbinnen in August. When helping to carry a wounded man out of fire she was wounded by a bullet in the hand. After recovery she was transferred to the army of General Ruski in Galicia. She was present at three Galician battles. At Rozwadok a doctor whom she was assisting was killed by a shell, his body being blown against her with such force that she was stunned. After a few weeks' rest she again returned to the front and helped to succour the numerous German wounded left behind at Rsgow. During the Rsgow-Tuschian battle she was seventeen hours under fire. Finding the entrenchment warfare did not give scope for her work, Mlle. Alexinsky went to South Poland, and was present at the storming of Petrokoff by the Austrians. As she left the town she was wounded in the shoulder. She was taken to Moscow, and afterwards to South Russia, where she died from blood-poisoning. She is the seventeenth Russian Red Cross sister who has been killed in battle, or died from wounds.

A "CITY OF REFUGE."

Those who have visited the popular Exhibition at Earl's Court, in search of amusement, would scarcely recognise it in its present transformation, which demonstrates effectively the genius of

even greater value. I was informed that the mothers are very ignorant and some of them extremely stupid! Perhaps the horrors of the war have added their brains, poor things. If they wisely make use of their present opportunities of instruction, however, they will in time realize that the war has not been wholly a disaster.

When this great camp was in the making, it was visited by a representative of this JOURNAL, and a report of it was published, but the finished product—including the Crèche, which did not then exist—is so admirable, from the points of view of organisation, administration, adjustment and comfort, that a further description of it as such may prove not only of interest, but will serve to show what can be done by capable women in times of emergency. By the courtesy of the Matron (Miss Morgan), I was enabled to see every department of it. Although probably one of the busiest women in London just now, she very kindly conducted me herself over most of it, and did all in her power to make my visit as interesting as

possible. Entering by the Warwick Street gate simultaneously with a company of newly-arrived refugees, carrying diverse bundles on their backs, I threaded my way through them to the Crèche, which is not the least important division of the wonderful encampment in this "City of Refuge." Indeed, a Crèche—to those who think fundamentally—represents the future race, and, as such, is of supreme importance.

A spacious and lofty hall, supported by columns—with green walls and a white dado, formerly the "Queen's Restaurant"—it serves its new purpose admirably, and accommodates a large number of tiny folk, who fortunately know nothing of the adversity which has made their parents refugees. Every morning the babies are brought to the Crèche to be bathed and fed, and may remain all day either with or without their mothers, under the care of a nurse. Rows of little brown cradles provide for their sleeping accommodation, and toys for their waking hours. It is open to all children up to the age of six years, until the evening, when the mothers take them away to their own sleeping quarters. As a Crèche, it is a boon to the babies; but as a school for mothers—which purpose it also serves—it is, perhaps, of

possible. It is under the control of the Metropolitan Asylums Board—the Medical Superintendent being Dr. Bruce. The nursing staff consists of the Matron; her Assistant, Miss Woodman; and eleven nurses—Misses Wickham, Shaw, Cottell, Brown, Creek, Burchill, Keenan, Goldring, Westera, Carter and



THE WELCOME CLUB AT EARL'S COURT.
Now the Hospital.



WITH THE BELGIAN REFUGEES AT EARL'S COURT.
The Queen's Palace Dormitory.

Roberts. There are besides two lady interpreters. The Director is Mr. G. A. Powell.

What was formerly known as the Queen's Palace has been converted into two huge dormitories for women, each containing 450 beds. The great theatre presents a remarkable appearance. In

the place of seating accommodation on the tiers, the entire space is occupied by *beds* for men—1,150! The arena serves as a general dining hall, with accommodation for 3,000 men, women and children. The head of the kitchen staff is a chef, who was formerly the chief roaster to the King of Belgium. The large spaces now used as dormitories are enclosed by temporary walls made of fireproof cloth. The chapel has been evolved out of a cinema theatre, and is served by a Belgian priest. A musical entertainment is provided for the people every afternoon in another large hall where I was shown a great and magnificent Christmas tree, which has borne on its fairy branches presents for all the children, and is lit with multitudes of electric lights in the colours of the two countries.

affords sleeping accommodation for some of the nurses; and the secretary's room is the Matron's sitting-room, where I was hospitably entertained to tea.

The Earl's Court Exhibition closed October 14th, at 10 p.m. At 10, the following morning, the staff of the M.A.B. arrived; at 10 p.m., the same day, 1,377 Refugees were taken in and accommodated. Such organisation, ingenuity and promptitude could not, I am quite sure, be surpassed. Nothing has been overlooked for the comfort and well-being of the people. A laundry and eighteen new baths are now being installed to replace insufficient accommodation. Since October, 20,000 refugees have passed through the camp; 2,000 are at present resident. Arrangements for their allocation are made as soon as possible, and they



BELGIAN REFUGEES AT EARL'S COURT—SOME OF THE BABIES FROM THE CRÈCHE.
MISS MORGAN, MATRON.

Sitting rooms, study rooms, a school-room (serving also as a play-room), store rooms packed with clothing, are some of the many conveniences supplied to these relatively fortunate refugees. A recruiting station is also there, whence 1,000 men have gone back to serve their country. Last, but by no means least, there is the hospital, established in the former "Welcome Club." Fortunately, there were no very serious cases, and I was informed that they had been very free from infectious illness. It is beautifully arranged and adapted, and is under the charge of a nurse who has been there from the commencement. The drawing-room of the "Welcome Club"

are being continually drafted off to generous hosts and hostesses all over the Kingdom.

Both the Local Government Board and those who pass through this "City of Refuge," are to be congratulated upon the admirable spirit which inspires the management in every department.

BEATRICE KENT.

UNCONSCIOUS HUMOUR.

A friend of mine asked a V.A.D. nurse, "Have you any wounded in your hospital?"—"Yes, eight." "Not bad cases, I hope?"—(sadly) "Oh, no. But (brightening up) two of them have got much worse since they have been in!"—*Lord Knutsford.*

APPOINTMENTS.

MATRON.

Acton Cottage Hospital, London, W.—Miss M. Davy has been appointed Matron. She was trained at St. Bartholomew's Hospital, and has also had experience at the Royal London Ophthalmic Hospital, the Gordon Hospital for Fistula, and the Royal Victoria and West Hants Hospital. She has had good surgical experience, and has a knowledge of dispensing. She is at present doing temporary duty in the Territorial Force Nursing Service.

CHARGE NURSE.

Eastville and Stapleton Infirmary, Bristol.—Miss Mary Cude has been appointed Charge Nurse. She was trained at the same institution, and has done private nursing for four years.

Miss Edith Ryder has also been appointed Charge Nurse. She was trained at the Plymouth Infirmary.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Jessie Jones is appointed to St. Austell; Mrs. Eliza Kennedy-Reid, to Trumington; Miss Aileen M. Mooney, to Leighton Buzzard; Miss Charlotte Palmer, to Boughton and Dunkirk; Miss Margaret M. Roberts, to Panteg and Griffithstown; Miss Margaret Thompson, to Leeds (Holbeck); and Miss Charlotte C. Wright, to Taunton.

SCUOLA CONVITTO REGINA ELENA
POLICLINICO, ROME.

DEPARTURES.

October 2nd, 1914, Miss Mary Piggott, Sister of Pavilion 2, Women's Surgical; December 2nd, 1914, Miss Margaret Cornock, Assistant Matron; January 8th, 1915, Miss Edith M. Smith, Home Sister.

APPOINTMENTS.

Home Sister, Miss Edith Watney, St. Bartholomew's Hospital, for 3½ years Sister Women's Surgical Pavilion 1. Sister Women's Surgical Pavilion 1, Sister Ida Calderai, S.C.R.E. Policlinico, Rome. Sister Women's Surgical Pavilion 2, Sister Emma Toni, S.C.R.E. Policlinico, Rome.

Sister on Probation.—December 4th, Miss Mary Goldsworthy, Birmingham Infirmary.

WEDDING BELLS.

A unique wedding took place on January 12th at the Oratory of St. Mary Magdalene, Wandsworth, when Private Foley, of the 18th Royal Irish Regiment, who had been critically ill and had his left leg amputated in No. 3 General Hospital (I.F.), Wandsworth Common, was married to Miss Nellie O'Keefe, of Cork.

The bride was given away by Dr. Bruce Porter, the officer commanding the hospital, the Matron, Miss Holden, acted as bridesmaid, and eight of the nurses formed a guard of honour. The wedding breakfast was afterwards given by the officers at the hospital, and other wounded men attended the reception.

NURSING ECHOES.

Week by week we have watched the alterations in Waterloo Place, where first the Memorial Group to the officers, non-commissioned officers, and privates, who fell in the Crimean War was turned right about face, and then for the appearance of the long-promised statue of Florence Nightingale by Mr. A. G. Walker. Now above the hoarding surrounding the works, there has arisen—though at present swathed about, and shrouded, but shortly to be unveiled—the unmistakable figure of the Nurses' Lawgiver, to the west of the stately group which forms that Guards' Memorial. It is fitting that the statue of Lord Herbert of Lea, who as Mr. Sidney Herbert, Secretary at War, was so closely associated with Miss Nightingale in her work, should be moved from the quadrangle of the War Office, and placed opposite to Miss Nightingale, and that together they will face towards the Horse Guards Parade.

The upper part of the pedestal on which the figure of Miss Nightingale will rest, which is of red granite, is now to be seen, but the grey base is still invisible.

The first of the panels on the pedestal shows Miss Nightingale with an attendant nurse in the centre of a group of convalescent soldiers; in the second she is seen accompanied by a military officer, in the foreground of a row of cots occupied by wounded soldiers; and the third represents her as an old lady talking to a company of modern nurses. The fourth bears the inscription, "Florence Nightingale, 1820—1910."

The Annual Meeting of the Matrons' Council of Great Britain and Ireland will be held at 431, Oxford Street, London, W., on Friday, January 20th, at 4 p.m., when the President, Miss M. Heather-Bigg, will be in the chair. Members are asked to note the date and to keep the afternoon free. Tea will be served at the conclusion of the business meeting, after which Miss Mollett will open a discussion on "Women and their Work during the War."

A drawing-room meeting, under the auspices of the Women's Local Government Society, will be held at 16, Carlton House Terrace, on Wednesday, January 27th, at 3 p.m., by the kind permission of The Lady Cowdray, who will preside. Miss Evelyn Fox, Hon. Secretary of the Central Association for the Care of the Mentally Defective, will give an address on "The Care of the Mentally Defective under the Mental Deficiency Act, 1913," and Miss Lidgett, P.L.G. (St. Pancras), will speak on

"Married Masters and Matrons under the Poor Law," a subject which should give rise to a very lively discussion.

The Reunion of the Kensington Infirmary Nurses' League, held at the Infirmary on Wednesday, January 6th, was a great success. Many nurses attended from all parts, and everyone seemed delighted to be back at the school where so many happy days had been passed, once again. In the course of the evening's proceedings a very interesting ceremony was the presentation of two gold badges to nurses, and these were gained by Nurse Blatchford and Nurse Wharton, who have both gained the reputation of being very good all-round nurses during their three years' training. We wish the League all success.

No one who remembers the type of woman who entered our training schools twenty years ago can have failed to realise that of late years there has been a sad depreciation in the educational standard and home culture of such pupils. It has been most marked. Of late, gentlewomen (in the truest sense) have almost entirely given up nursing as a profession. Those of us who have been striving for a quarter of a century to raise nursing by raising and securing its educational curriculum have seen this gradual decline with sadness. Last year in many first-class schools well-educated probationers were not to be got, and we learn from several reliable matrons that since the war they have had a remarkable increase of applications from excellent candidates, and can now "pick and choose." The war has once more brought nursing into prominence, and many sensible girls realise that before practising it is their duty to get thoroughly trained. This is good news indeed, and we hope the experience of the matrons we mention may be the experience far and wide. It would indeed be a silver lining to the terrible war cloud.

We still receive complaints that the admittance of girls for a few weeks' training into our training schools makes for lack of discipline; but as the majority pay good fees, it is feared the Committees will not resist the combined blandishments of social pressure and hard cash—a very potent combination.

The late Mr. John Burgess, of St. Leonards-on-Sea, left £800 to Miss Mabel Nunn, and £600 to Miss Elizabeth Hall, his two nurses. Such recognition of kind services is gratifying to the profession as a whole.

At a recent meeting of the Belfast Board of Guardians, the usual discussion took place on sectarian lines on the appointment of new probationers. Mr. Adams said he thought the time had arrived when the number of Roman Catholic and Protestant nurses should be fixed, so that all bickering should cease. When this was being done the number of Protestant inmates and the amount of money contributed by Protestant ratepayers should be taken into consideration.

This seems a reasonable suggestion.

As we have previously reported, Miss Joan Schweitzer, Matron of the Frere Hospital, East London, South Africa, had taken up energetically the work of helping as Chairwoman to organize the South African Trained Nurses' Association. Now comes the regrettable news that she has been requested by the Board of the hospital to give up her post as Matron on account of her German nationality, and she has therefore resigned her membership of, and official positions on, the Association. Considering that very strong feeling has been aroused by war in Europe, and by the fact that South Africa is actively engaged in war with Germany, no other solution to the difficulty presumably presented itself to the Board of the Frere Hospital. The fact, however, remains that in appointing a German lady, who had no further experience than that of a staff nurse at the London Hospital, as Matron of the Frere Hospital, the Board showed very little sense of responsibility to the nursing profession in South Africa. It was felt at the time that there was an ample supply of trained and experienced British nurses, both in South Africa and at home, who had a prior claim to this position, and that there was no reason whatever for appointing a foreigner, even if she had good experience of hospital management and nurse training to her credit, which Miss Schweitzer apparently had not. Let us hope the Board, in making a future appointment, will avoid placing itself and its matron in an invidious position. Under the circumstances, we are of opinion that Miss Schweitzer has been unfortunate, and hope that under her own flag she may obtain work in which her public spirit may ultimately be of use to the profession in general.

Before leaving the Frere Hospital, Miss Schweitzer was presented with a beautiful locket and a volume of E. B. Browning's poems by the nursing staff, who expressed in a letter their sincere regret at her departure from the hospital.

AN INDISPENSABLE INDUSTRY.

One of the features of the present War is the large extent to which buildings not designed as hospitals have been utilised and adapted for this purpose. In effecting this conversion one of the most important and often difficult matters is to provide an abundant and continuous supply of hot and sterilised water for the wards and operating theatre, and also to instal efficient cooking arrangements.

The welfare of sick and wounded men depends so largely on the quality and cooking of the food provided for them that no pains are too great

The same applies to the feeding of recruits. It is of the greatest importance that these men upon whom the future of the Empire depends should be well fed.

In many cases, without even the help of outside carpenters or builders, a place which was a mere barn has been in twenty-four hours fully fitted up, and actually in use, for the military cooks to serve hundreds of recruits for Kitchener's new army. Further, the leaders of the gas industry throughout the country have met the situation in a most generous spirit in this national crisis. In many cases entire outfits have been provided free of charge, and the gas consumed has been charged for on most favourable terms.



KITCHEN IN THE ALBANY ROAD MILITARY HOSPITAL, CARDIFF.

to ensure that the service installed is as effective as possible.

It is here that the various gas undertakings have been and continue to be of the utmost service. In the organisation of temporary buildings the installation of ordinary ranges would be not only an unnecessarily costly, but a lengthy process. Fortunately, just here the perfection to which the modern gas stove and its accessories has now attained is of the utmost service. The stoves are ready, and they can be easily and quickly installed and connected, and by these means cooking on as large a scale as is desired can be done quickly and well.

Another way in which the gas companies have proved that they are able to render national service of value has been in connection with the Red Cross work. Thus both at Chichester and Colchester coffee stalls have been established outside railway stations, and in other places where cold and hungry soldiers and recruits are likely to be passing. These stalls under the Red Cross have gas heaters which keep up a continual supply of hot coffee, which with other refreshments has proved to be most acceptable.

Our illustration shows the kitchen in the Albany Road Military Hospital, Cardiff, where there is accommodation for 175 patients. Here

the cooking is done by members of the Territorial Force, who have recently been trained as cooks. At the Howard Gardens Military Hospital, in the same place, cooking accommodation has also been provided for 150 patients and 40 nurses, both kitchens having been fitted up by the Cardiff Gas Company.

At the Armstrong College, Newcastle-on-Tyne, which has been turned into a military hospital, the kitchen has been very completely fitted by the Newcastle-upon-Tyne and Gateshead Gas Company, and at Shrewsbury a kitchen has been fitted in connection with provision made for Belgian Refugees.

It will be realised that the purposes to which the gas industry can be utilised in connection with temporary hospitals and homes is endless, from the simple gas ring which supplies the nursing staff in their own quarters with the means of making the ever-welcome cup of tea, to the largest ranges and boilers, and the constant supply for the operating theatre, as well as for the lighting of the building gas is invaluable. Indeed, it is not too much to say that without the aid of the gas companies, and the systems which they have developed to such perfection, the difficulties of providing adequate temporary hospitals would have been almost insuperable.

BOOK OF THE WEEK.

"ALBERTA AND THE OTHERS."

"A TRUTHFUL STORY OF WESTERN CANADA."

A family of young people, tired of a somewhat struggling life in the old country, determine to seek their fortunes in the West. Their imagination had been fired with literature which had painted Sunshine in glowing colours—all good and nothing bad in the delectable spot on which they had fixed their desires. Captain Kingsway, who of course is in love with Alberta, was sore and unhappy at their going, but his disapproval only adds fuel to the flames, and reminds Alberta that she is leaving all her friends—"people who knew your parents and who care for you."

"That's just it," broke in Alberta; "we want to see some new people."

So they went, taking Aunt Jane as a chaperon and leaving Captain Kingsway behind, though he comes to the fore again later on.

Very amusing are the adventures of the three girls and their two brothers. On their arrival at the much boomed Sunshine, the chief thing that struck them was its exceeding ugliness—seas of mud, and hideous buildings. They decide to camp out. Aunt Jane is lodged elsewhere.

Their first call is determined by an announcement in the *Clarion* "That Mrs. Wrigley would be tea hour hostess in her charming home on Dufferin."

"Alberta tapped with her knuckles on the gauze screen door. A voice from inside said 'Come right in.' They waited until Mrs. Wrigley appeared, her hair elaborately dressed, and her hands busy with the back of her dress. She introduced them to Miss Hoaksley who said 'pleased to meet you' and then returned to finish her toilet."

Miss Hoaksley guessed it was "prurty" hot, and shifted her chewing gum to the other cheek. She then said they would excuse her and departed. Mrs. Wrigley having now completed her beautifying came back to say: "I am sorry I can't speak with you. I have invited a number of ladies for the tea hour."

"I am afraid we have made a mistake," said Alberta.

"That's it: I guess you made a mistake. No; don't leave your cards. Come next week and bring them again."

"O, and I did want an ice," said poor Betty, when they were out of earshot.

Perhaps the part of the book of greatest interest to our readers is the glimpse of the hospital to which Robin was taken when ill with enteric. "Land sake alive!" said the stalwart nurse from London (Ont.), "What can the doctors teach us about typhoid? We've been nursing nothing else for more than a year."

It was the saddest place, this hospital in Sunshine—the saddest people were those who were getting better and anticipating starting work again, strange and weak without money, in a land where there is no pity for the weak or kindness for the stranger!

The nurse from London (Ont.) guessed Robin was "prurty sick," and indeed he was repenting bitterly the indiscreet meal, that was a secret between himself and the wardmaid with the freckles. "I should get better a lot quicker if I were at home," he pleaded. "It's so different when you are with your own people, and that big nurse has hands like a pitchfork. The little freckled one that scrubs the floors is a good little thing. She's been awfully nice to me."

On Flower Friday, the big nurse announced to Aunt Mary: "You'll have to clear. The Flower Guild is coming, and the lady needs that chair. Visitors hev to clear right now; you've had an hour-and-a-half."

The patient who had declared himself well enough to leave the hospital was crying weakly like a child.

"Aunt Mary," he said, "come back. Nurse, nurse, I want Aunt Mary. Take that beastly woman away."

A picture of the family on Thanksgiving Day, having surmounted their difficulties and made their various loves happy, closes this really pleasant book.

COMING EVENTS.

January 20th.—Central Midwives Board. Hearing of Penal Cases, Caxton House, S.W. 11.30 a.m.

January 21st.—Monthly Meeting of Central Midwives Board, Caxton House, S.W. 3.30 p.m.

January 27th.—Women's Local Government Society. Drawing Room Meeting at 16, Carlton House Terrace, by permission of the Lady Cowdray. Addresses on "The Care of the Mentally Defective under the Mental Deficiency Act, 1913" (Miss Evelyn Fox), and "Married Master and Matrons under the Poor Law" (Miss Lidgett, P.L.G.). 3 p.m.

January 29th.—Matrons' Council of Great Britain and Ireland. Annual Meeting, 431, Oxford Street, London, W. 4 p.m. Tea after the business meeting. Discussion, opened by Miss Mollett, on "Women and their work during the War." 5 p.m.

LECTURES TO HEALTH VISITORS AND SCHOOL NURSES.

A course of lectures, including demonstrations and practical inspections, will be given at the Royal Sanitary Institute, 40, Buckingham Palace Road, London, S.W., to Women Health Visitors, Tuberculosis Visitors, and School Nurses, beginning on Monday, February 1st.

All particulars can be obtained from the Office of the Royal Sanitary Institute, at the above address. The Course is one which is specially valuable to School Nurses, and visits are paid to, and demonstrations given, at places illustrative of Sanitary Practice and Administration.

LECTURES ON MILK.

A course of Ten Lectures on the Properties, Supply and Distribution of Milk will be delivered at the South-Western Polytechnic Institute, Manresa Road, Chelsea, S.W., on Thursday evenings, at 7.30 p.m., commencing on January 21st. As the subject is so important and legislation is now pending in the shape of the Pure Milk Bill, the course has been extended so as to include the main provisions of the Bill.

The Six Lectures on the Properties of Milk will be delivered by Professor A. Harden, D.Sc., F.R.S., of the Lister Institute, and the remaining four by Mr. Cecil Revis, A.C.G.I., F.C.S., Chief Chemist, Messrs. Welford & Sons, Ltd. Fee for the course, 2s. 6d.

A WORD FOR THE WEEK.

Think of the pride with which we all thrill at being chosen to suffer a certain amount of discomfort and risk in order to help forward a battle the result of which will be felt down the ages in this world, and spiritually—who knows?—in many other worlds. Just as a reverse for the Germans in Poland reacts definitely here, so a reverse for evil in this world may and will react on evil in other fields. We are all proud, and you angels at home are like the Spiritual Army Service Corps. Love and comfort flow out from you to us and keep up the morale, without which an army is more useless than without its food.

—1 Soldier in the Trenches to his Mother.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY way hold ourselves responsible for the opinions expressed by our correspondents.

DIFFERENT POINTS OF VIEW.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I heard of a hospital not long ago which was to be temporarily enlarged to receive sick and wounded, concerning which the local press announced that the nursing of the additional beds would be undertaken by the local V.A.D.'s "assisted by the matron and nursing staff." Modesty is not a virtue which the amateur nurse usually cultivates. If she did she would realise her ignorance and incapacity.

Yours truly,

SISTER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I state my experience as the Matron of a Red Cross Hospital. I have a half and half staff, and I think it only just to say that I have much more trouble with the trained nurses than with the Red Cross Nurses? The former are always worrying to get to that everlasting "front," and are not interested in the light cases here admitted, whilst the Red Cross Nurses are all eager and in earnest, and willing to do anything. A few wished to teach me my various duties when first I came, but I am young and some of these ladies are well up in years, and have been managing their homes this long while. Anyway now they are obedient and kindly, and the Commandant quite an enable to reason.

Yours truly,

MATRON V.A.D. HOSPITAL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Can you tell me what is going to happen to the Nursing Profession after the War? So many of us have given up good permanent posts, and as we have to work in Territorial hospitals for a year, already our places are being filled up. And how about V.A.D.s? In many hospitals they are being taught by trained nurses. I have heard of several who mean to take this short cut into private nursing. I fear our affairs will take some readjusting when the War is over.

Yours sincerely,

TERRITORIAL NURSE.

When the War is over! we shall all be so grateful nothing else will really matter. The world is wide, don't worry about the future. There will always be work for trained efficient nurses. Work for registration, as with legal status and a protected title you need not fear the competition of the unskilled.—Ed.]

OUR PRIZE COMPETITION.

QUESTION.

January 23rd.—Discuss the management of a patient whose tongue has been excised?

The Midwife.

THE PROBLEM OF THE FUTURE.

We referred briefly last week to a collection of lectures published, under the title of "Motherhood," by the National League for Physical Education and Improvement. The first of these by Dr. C. W. Saleeby, F.R.S. Edin., on "The Problem of the Future," is specially interesting at the present time.

Dr. Saleeby lays down as a eugenic proposition that those who are best qualified to survive become the parents of the next generation, who inherit those very attributes in virtue of which their parents survived, and that the survival of the fittest involves the extinction of the less fit. Again, that every biologist knows that the extinction of the unfit, which is part of the process of natural selection, occurs mostly among the young, and particularly the very young of any species. From this it may be argued that our high rate of infant mortality is this process of extinction working itself out among ourselves and is in itself beneficent. Indeed, that certain authorities have stated that those who stand for infant care are preparing for the degeneration of the race because they have not the courage to face the stern necessities of the laws of life.

"But," continues Dr. Saleeby, "the process of infant destruction is a hideous counterfeit of natural selection. Natural selection either slays or spares, but this process is one which slays and spoils, damaging many of those which survive. Many of the processes which cause infant mortality, such as the slum and the public-house, are not natural but hideously unnatural. It is pure Nietzschean mis-representation of Darwin, based on the exaltation of strength at the expense of and in ignorance of the necessary part played by love and the care of the helpless in the survival of our race.

"A large factor in the struggle for life is the numerical factor. Surgeon-Major Woodruff, formerly of the United States Army, in his 'Expansion of Races' says that wars are really due to population pressure of nations upon others less populous than themselves. This is a law of population pressure which determines a great deal of history. The sheer numbers of any race are of very considerable importance for its survival. . . .

"Great Britain has an immense Empire, many parts of which are most sparsely populated, and it is contrary to nature that this should be. To take care of the life we have here at home is the most profound piece of statesmanship that can be enunciated at the present time. . . . The best thing to do under the circumstances is to take care of all the babies we have and also to care for all mothers that are and all healthy mothers that may be.

"At the time of the Boer War and afterwards we found that it was the men that mattered. Men with long-lost teeth, or suffering from the consequences of rickets, were of no use to us. The late Sir Frederick Maurice called public attention to the condition of affairs, and a Departmental Committee on Physical Deterioration was appointed, after a Royal Commission had sat in Scotland on Physical Training. But no amount of physical training could bring back those lost teeth. The children's health must be safeguarded while the teeth are yet there. Then we went further back, and considered the case of the school-child.

"Dr. Leslie Mackenzie, now Medical Member of the Local Government Board for Scotland, went into the schools and found deplorable conditions existing there. It was then realized that children came to school already damaged in health, so more attention was directed to the infant; and gradually, as taught by France and Belgium, to the expectant mother. The whole thing is the history of a military problem. Men were wanted. By slow stages, Parliament, the public and the Press are being brought to realize that life is continuous, that every second of life matters, that all the needs and consequences of life are continuous. We cannot get soldiers or men ready made. We must go back to infancy and motherhood."

Twenty years ago the late Professor Budin, of Paris, began his campaign for the welfare of infancy from a national point of view. Since the fall in the birth-rate could not be arrested by any practicable process, he saw that there was only one possible resource available—to take care of the births there were. Unduly high infant mortality and a low birth-rate were at the root of the military expedient of making recruits serve for three years instead of two.

"France began at an earlier point than we, with our toothless recruits; it began with the infant under one year of age. But France also learnt that by going further backwards, one can go forwards, and accordingly instituted a system, not only of feeding babies with suitable prepared milk, proceeding subsequently to feed the baby through the mother, by feeding her; but, last and best of all, the expectant mother was fed as well, and mothers generally were educated in the care of their babies. This was first done by Dr. Miele, of Ghent, in 1901; and from the first School for Mothers of his have sprung the 1,000 that now exist in France, 400 in Britain; and 77 in Belgium."

Dr. Saleeby then discusses in a most interesting way the difference between the knowledge of the human mother and that of animals and even insects. Untaught, the knowledge of the human mother is inferior to both, for even many insects

know by instinct how to rear their young rightly. But directly a new problem is presented instinct is fooled. The instinctive knowledge of the insect is independent of experience or learning.

"The human mother is ignorant because she is an intelligent being, and therefore requires to be taught. The initial ignorance of all our race has its glorious side, for intelligence can and does learn if it gets the chance, and then the mother that seemed such a fool becomes cleverer than the mothers belonging to the lower animals. Among these, by far the greater number of offspring die young. With us the rate is not so high, because in the long run intelligence is better than instinct

"We are convinced that real progress can be obtained by going backwards in the sequence of vital consequences—back to the school child, back to the infant, back to the ante-natal period."

Dr. Saleeby proceeds to point out that infant mortality, as it exists in certain countries, is not natural selection, which slays or spares, but this process is only the worst aspect of another process—the morbid destruction of our immature life, before and after birth.

"Directly you can show that in any particular case the stock was healthy and the infant was spoilt by agencies coming from without, then you demonstrate that this is racial destruction, not natural selection, but a hideous mockery of it. . . . The racial poisons, often acting before conception at all, are responsible for much infant mortality and have nothing to do with true heredity or genetics. The most important of these poisons is syphilis—a cause beyond anything yet realized of the destruction of life that began healthy. . . . In alcohol it has a faithful and trusty ally.

"The future of our race and of the Empire depends on the subject with which we are now dealing. . . . This is the world problem of the future. The war will demonstrate the importance of sheer man power in peace as in war. Let us live remembering that all men once lay in cradles and were carried thither from cradles not made with hands, temples holier still, the *sancta sanctorum* of life."

Dr. Saleeby deals with profound truths and every midwife only does half her duty if she performs her professional work skilfully and mechanically, and takes no account of the great human problems with which she is dealing, if she does nothing to educate the expectant mother who looks to her for guidance and assistance in the deeper facts underlying the reproduction of the race, of the reasons why she must "keep her body in temperance, soberness, and chastity," of the necessity for acquiring the knowledge which will enable her to rear the children she bears to be healthy men and women, and good patriots.

The more one studies the question the deeper becomes one's conviction that to help to raise the mothers of the country to a higher plane of life and knowledge, is one of the highest vocations to which any woman can aspire, and that in the

hands of midwives rests an untold power for good or evil.

For this reason women selected for the work of midwives should be of good education, high ideals, and refinement of character, and the study of professional work should be preceded by a study of the social problems which are so intimately bound up with it. For this reason we consider that the National League for Physical Education and Improvement has done good service by the publication of "Mothercraft" and we cordially commend it to the attention of midwives and district nurses.

A HUMANE MISSION.

Mr. T. Edmund Harvey, of the Society of Friends, who is working in connection with the Friends Mission to the Devastated Districts of France, writes from Esternay:—

"I had the opportunity, on Thursday and Friday nights, at Châlons, of seeing something of the excellent work being done there, which Dr. Hilda Clark's report describes. The nurses there worked most bravely in cleaning up the verminous building and making it into a model little hospital, and the relief work now being organised will undoubtedly meet a most urgent need.

"We have been very sorry this week to say farewell for a little time to Dr. Williams. There was urgent need at the Red Cross Hospital started by Mme. Delmar in her chateau near Gezanne for a physician to take charge of 60 to 80 beds. Dr. Moru, the one physician in charge, had to leave for England, and Dr. Williams felt it right to step into the breach. We hope that later on he will rejoin us and possibly Dr. Fardon may relieve him at the hospital for awhile."

In a later letter Mr. Harvey writes:—"The other day, after an absence of several days, I went to see M. Catolico at Chatillon, and I suddenly realised that he was not an old man, as he had seemed when first we saw him. In a month's time he seemed to have grown ten or fifteen years younger, and a similar change had come over his wife as they watched their home grow up little by little out of the ashes—a small place, indeed, compared with the comfortable big farm, with its nine great oak chests filled with household linen that had all been burnt, but still a home, and their own home. Mme. Catolico had found amongst the debris her grandmother's old iron grate, still sound, and the light shone in her eyes as she watched the fire burning on it once more on the new-made hearth.

"Many other homes have been cheered by gifts of blankets and warm clothing which Friends have provided. . . . In almost all cases two or three visits have been repeated oftener, especially in one or two cases of sickness. Nurse Tylecot's help in this work has been invaluable, and we shall all greatly miss her when the growing needs of the Maternity Hospital call her to Châlons."

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EDITORIAL.

ENDURANCE.

One of the effects of the present war has been to bring into strong relief qualities, in some instances latent, but nevertheless possessed by those on whom, in one way or another, the burden of war has fallen so heavily. And nothing has been more apparent in connection with the armies of the Allies than their indomitable power of endurance.

Who that has read of the endurance, the courage, the cheerfulness of our officers and men in the trenches does not thrill with pride that they are born of British women, who that has seen the men in hospital, shattered and broken in the war, does not admire profoundly their cheerful acceptance of pain, and what is worse permanent disablement. The testimony on all sides is that they are patient, uncomplaining, noble.

Again, the endurance of nurses has been tested as perhaps never before, as in houses raked with shot and shell, in streets in which they were exposed to the fire of the enemy on all sides, they evacuated the hospitals, and carried out the removal of their patients, in as orderly and calm a way, as if they were moving them from one ward to another as a matter of routine. Of course it was only their duty, and in the day's work; any one of their colleagues would have confidently answered for them that they would adopt this line of action, and in similar circumstances would have done the same.

Nevertheless it is none the less heartening to know that a man like Sir Claude Macdonald is able to say of the work of the nurses in Antwerp during the bombardment that he has "listened to the narrative of their adventures, simply and modestly told,

with feelings of great pride of race, which will be shared by Britons all the world over."

As with the nurses abroad, so it has been with those at home. As we record in another column the nurses in the Hartlepool Hospital at the time of the bombardment, when it is stated they were in as great danger as if they were at the front, went about their duties as quietly as if shells were not falling all round the building.

Again, endurance of even a higher quality than that which nerves men and women to deeds of heroism in moments of great emotion, is needed in order to face life with calmness and courage when those things which make it worth living have been taken away. Yet in the "Report on the special work of the Local Government Board, arising out of the War," just published, Sir Arthur Downes and Mr. J. S. Oxley conclude their report "On the Institutions for Refugees provided by the Metropolitan Asylums Board and by Boards of Guardians in London": "It is pleasant to record the wonderful self-control and recuperative power manifested by the Belgians who have passed through the Refuges. Apart from the quickly recovered happiness of the children, who take to new conditions like ducks to water, one cannot but be struck by the absence of repining, the endurance and spirit of men and women who have been suddenly bereft of cherished homes, and thrust from their country, with suffering and danger, to the care of strangers and unaccustomed surroundings."

"To struggle when hope is banished
To live when life's salt is gone!
To dwell in a dream that's vanished,
To endure, and go calmly on."

It is the capacity for endurance of this kind which breeds the highest form of courage.

OUR PRIZE COMPETITION.

DISCUSS THE MANAGEMENT OF A PATIENT WHOSE TONGUE HAS BEEN EXCISED.

We have pleasure in awarding the prize this week to Miss C. G. Cheatley, Union Infirmary, Lisburn Road, Belfast.

PRIZE PAPER.

This operation is most frequently performed for cancer, and there is usually an ulcer in the mouth, which is in a very septic condition.

The mouth must be as thoroughly cleansed as possible. For three days before the operation it should be washed out with a mild antiseptic lotion, such as carbolic acid 1-80, every three hours, and after each meal. The patient must, of course, be allowed to have a good night's rest.

The teeth should be cleaned with a soft tooth-brush and carbolic tooth powder, whilst the ulcer itself must be cleaned with pieces of lint soaked in the disinfectant approved by the surgeon, and applied with forceps.

This cleaning should be repeated about an hour before the operation, and it should be explained to the patient that similar manipulations will have to be carried out after the operation, so that he may be prepared for them. The method of feeding after the operation should also be explained.

After extensive operations on the tongue, the patient should be placed in bed lying on the less injured side, and this position should be maintained until he is quite conscious, and shock has passed off.

The further nursing can be done with the patient propped up in the sitting position, or the position on the side may be maintained. In the case of feeble elderly patients the lateral position is perhaps the better, but if the patient has borne the operation well, the sitting position is the more comfortable, and the patient is more readily attended to in this attitude.

There is usually some little oozing from the wound immediately after the operation, and with the patient lying on the side, the blood and mucus collects in the cheek. It can readily be removed by gentle swabbing. If the bleeding is more profuse, the patient should be kept on the side, and the surgeon informed at once. The hæmorrhage can sometimes be stopped by firmly pressing a swab against the bleeding point, and this should be done whilst waiting for the surgeon's arrival.

Wounds in the mouth want as careful aseptic treatment as wounds in other parts of the body. All instruments, swabs and dressings should

be sterilised, and the nurse's hands carefully cleaned.

The wound in the mouth must be kept clean by swabbing, syringing, or sponging, with some weak non-poisonous antiseptic. Immediately after the operation the wound will want constant attention, but as the oozing of blood and serum lessens it should be thoroughly cleaned every two hours, and after each feed. The cleaning must not be overdone so that the patient is being constantly worried, and he must have intervals for sleep.

If the surgeon has plugged a cavity in the mouth with gauze, it should not be disturbed until orders are given to remove it.

The food at first should be fluid, and may be given in any of the following ways:—

1. If the patient can swallow, milk or albumen water is given from a feeder, to which is attached an indiarubber tube, so that it passes far back into the throat. The patient can learn to feed himself in this way.

2. *Pharyngeal feeding*.—A tube to which a glass funnel is attached is passed into the œsophagus from the mouth, and the fluid poured down.

3. *Nasal feeding*.—An indiarubber tube is attached to a small glass funnel, and the whole is sterilised by boiling. The tube is passed along the nose into the pharynx, and thence into the œsophagus, about twelve inches of tubing being passed. The milk (peptonised) is then slowly poured down the funnel. If the tube passes into the larynx instead of the œsophagus, cough will be excited, and the tube should at once be removed.

4. *Rectal feeding*.—Some surgeons prefer this for the first few days, so that the wound may not be interfered with, and risk of sepsis be avoided. After shock the great danger to be feared in this case is the onset of septic bronchopneumonia, owing to septic particles being inhaled into the lungs from the wound in the mouth.

This is avoided by nursing the patient in the sitting position, or lying on the side, and by keeping the mouth scrupulously clean.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. Phipps, Miss E. M. Streeter, Miss D. Vine, Miss M. Jennings, Miss G. Atkins, Miss M. Dale, and Miss H. J. Pryer, who suggests that the patient should be taught to drink from a feeding-cup, with rubber tubing, before the operation.

QUESTION FOR NEXT WEEK.

Mention the most delectable drinks for invalids, and how to make them.

MECHANICAL TREATMENT OF COMPOUND AND SUPPURATING FRACTURES.

Mr. Robert Jones, Ch.M., F.R.C.S. Ed and L., contributes to the *British Medical Journal* some interesting remarks on the mechanical treatment of compound and suppurating fractures occurring at the seat of war. He writes in part:—

"I have been asked to offer some suggestions as to a suitable way of treating certain fractures of the upper and lower limbs as they occur at the seat of war. We realize that wounds as met with during the Boer and Russo-Japanese campaigns were very different in character from those occurring on the richly manured fields in Flanders, where suppuration so commonly follows. The point, therefore, is to decide upon the best way of immobilizing compound fractures in the presence of pus.

The method employed must be both efficient and simple; it must allow easy and painless access to the wound, and protect the limb from harm during transport.

Plaster-of-Paris, so often used in the treatment of simple fractures, becomes a filthy method where suppuration has occurred. Despite every precaution for the exposure of the wound, the plaster mops up discharges like blotting-paper, and becomes horribly offensive, adding to the infection of the wound.

FRACTURES OF THE LOWER LIMB.

Hip and Upper Thigh.

Fractures through the hip-joint and those just below the trochanter are best treated by a modification of the Thomas splint, which I have described as an "abduction frame." It is a splint upon which the patient lies and can be carried. Extension is easily maintained and applied, and need not be relaxed for any purpose. The patient is placed upon this splint, and any displacement should be overcome by immediate extension in the abducted plane. Both limbs are controlled and extension is secured by strapping on the injured limb with counter extension by means of a smooth leather groin strap on the opposite side of the pelvis. This groin strap should not be slackened by the nurse under any pretext, but in order to avoid pressure sores she should be instructed to alter the area of skin over the adductors, which is subjected to pressure, by moving it to and fro. This method of "fixed extension" in abduction secures the lower limb in relation to the pelvis

in a manner which can never be satisfactorily achieved by weight and pulley, where reliance is placed on the weight of the body for counter extension. It is by reflex nervous impulses, induced by changes of tension in the muscle, that muscular spasm is produced. A patient lying in bed with a fractured femur—high up or lower in the shaft—cannot avoid constantly changing the state of tension of the muscles of his thigh if a weight and pulley are attached to his limb. The counterpoise is the weight of his body. Every time he tries to shift the position of his shoulders by digging his elbows into the bed he alters the tension of his muscles, calling forth a reflex spasm. When he falls asleep and his muscles relax, when he moves in his sleep, when he is lifted upon a bedpan or moved slightly by the nurses to have his bed put straight, there is apt to recur this reflex contraction due to sudden change in tension.

The patient who lies on an "abduction frame" can be lifted and moved without pain, without disturbing the fracture or relaxing the extension, and the dressing can be changed without interfering with the mechanism of fixation. If the wound is through the buttock and the discharge takes place there, the splint can be modified. The abduction frame can be applied in a few minutes.

Upper Middle and Lower Thigh.

For all other fractures of the thigh, the Thomas knee splint is incomparably the simplest and best. I am in the habit of using this splint for the treatment of all fractures of the middle and lower third of the thigh, fractures through the knee-joint, and fractures through the upper and upper middle portion of the leg.

The application of the Thomas bed splint is quite easy. Strapping of adhesive plaster is applied in the usual way to the sides of the limb. At the lower end of the extension strapping there is a loop of webbing, to which is attached a length of strong bandage. The ring of the splint is passed over the foot and up to the groin till it is firmly against the tuber ischii. The extensions are then pulled tight, the ends turned round each side bar, and tied together over the bottom end of the splint, which should project 6 or 8 in. beyond the foot. Local splints can then be employed, and are made of block tin or sheet iron. They can be moulded by the hand to fit the limb, and yet, being gutter-shaped, they are rigid longitudinally. They can be disinfected by fire or water. A couple of transverse bandage slings suspend the limb from the side bars of the knee splint.

In using this splint a little attention is necessary to prevent soreness of the perineum. The ring of the splint, being covered with smooth basil leather, can easily be kept clean, so can the skin. The nurse should also several times a day press down the skin of the buttock, and draw a fresh part of the skin under the splint. To change the point of pressure over the perineum the limb can be elevated or abducted. The dressings can be applied without in any way interfering with the work of the splint. When the fracture has occurred through the knee or upper tibia the splint is applied in the same way.

It has often been a matter of astonishment to me that so simple and effective a splint has not been universally employed. It can be applied in a few minutes, usually without an anæsthetic, and one is always sure of good length and good alignment. The fractured limb can be moved in any direction without giving pain, so that transport is easy and safe. I have never yet had to plate or wire a femur in a recent case, and this I ascribe to using the Thomas splint."

CHILDREN IN WAR TIME.

Happy they whose lot in these grief-weary times is cast with little children. In no other society is such relief to be found, for surely it would be hard to discover a man or woman with a mind aloof from the war. While all our world is topsy-turvy, the realm of childhood is secure as of old; playtime, teatime, bedtime are the things that matter, and war is only a new game, and that such a game as the angels might play, devoid of malice, hate, or revenge. If they could have a hand in grown-up affairs surely things would be better managed, for it was a tender-hearted little girl who said wistfully: "Why don't they do all the fighting at night when everybody is in bed, then people would not get hurt?"

One tries to keep these things from the knowledge of very small children, but war is murder and will out; in some mysterious way even the babies know we are at war, and one little mite of two and a half astonished her mother by propounding what she thought to be a fit and proper punishment for the Germans. "I'll put them down the coal cellar, and then I'll put some mice down with them and some spiders."

I have heard a few queer people declaring that war should be brought home to children; that they should be made to suffer in some way, so that when they grow up they will remember the bad times they had, and be careful to keep the peace themselves! One might as well

punish the child of a burglar, so that when he grows up he may not go a-burgling. It is hard that these little ones, of all the world most innocent of the war, should have to suffer at all; we may at least leave them with care-free spirits and unembittered hearts.

But there are some children who have no childhood. From birth they are dogged by cold, hunger, and disease; a "national crisis" only serves to push them a little deeper into misery, and no amount of national prosperity ever seems able to lift them out of it. We have all heard lately of those little ones seen by our special constables crouching over watchmen's fires at three o'clock on a winter's morning, waiting for the distribution of stale bread; no new sight, we are told, but it needed new eyes, not blinded by the film of custom, to see it and tell us about it.

And there are others: the children of musicians, artists, business men ruined by the war. To them the war is indeed a terrible reality, for it keeps them hungry. They are never likely to forget it.

We others are sorry for them, of course, and hope that after the war we may have time to do something. Meanwhile we must attend ambulance lectures, play at being nurses, and in this the twentieth century, the age of machinery, spend valuable hours in making socks the way our grandmothers made them. It is a wonder we do not all take to weaving khaki on hand-looms.

There is one thing we do not remember. It is that these children in the bread-line, these hungry little ones in many a wrecked suburban home, are the England of the future. On their weak shoulders must rest the burdens laid down by those gone from us, and if we neglect them now we are doing our country a more terrible injury than is wrought by shot and shell in France.

Here is a task big enough and hard enough for the most patriotic—to feed and clothe and care for the men and women of the future; or, better still—for individual effort can do but a little—to demand of the powers that be that all these lives, so precious to the State, shall be cared for. We cannot afford to lose them, and we cannot afford to have them grow up short of the standard in mind or body that Mother Nature will give them in return for proper care.

JESSIE HARVEY.

DON'T MISS IT.

Our next week's issue will contain an eight-page Supplement of immense importance to the Sick and Wounded.

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.

Miss S. M. Marsters, Superintendent of the Paddington and St. Marylebone District Nursing Association, whose portrait as one of the members of the Matrons' Council we publish on this page, was trained at the Norfolk and Norwich Hospital, holding its certificate from 1889 to 1893. For three years subsequently she was Matron of the Cottage Hospital, Mildenhall, after which she entered the Home of the North London Nursing Association for District Training, subsequently holding the position of Senior Nurse there, and so took up the special branch of nursing to which the greater portion of her professional career has been devoted with such conspicuous success.

In 1900 she was appointed Superintendent of the Hampstead District Nursing Association, affiliated to the Queen Victoria Jubilee Institute; and joined the Institute in 1903, at which date she was appointed Superintendent of the Paddington and St. Marylebone District Nursing Association, which she still holds.

Miss Marsters holds the following additional qualifications: the certificate of the Royal Sanitary Institute as Health Visitor and School Nurse, and of the same Society as an Inspector of Nuisances, the special certificate of the National Health Society for Sanitary Inspectors in connection with Tuberculosis.

Miss Marsters is a firm believer in co-opera-

tion in social work, and that the progress of district nursing is much assisted by its representation on the Committees dealing with social questions in the areas where the nurses work, and also that this contact with wider interests helps the finances of a Nurses' Association. This she considers proved by the fact that the staff of the Paddington Home, where this policy is adopted, has been increased, in ten years, from five to eleven nurses.

Miss Marsters is a School Manager, repre-

senting the London County Council on a non-provided school committee, also on the Care Committees. She represents the Association on the Charity Organization Society and various other societies in the two boroughs.

Last year she was appointed Lecturer and Examiner for the British Red Cross Society, and she is a member of the Council of the Midwives' Institute.

She is also Chairman of the Queen's Nurses' Benevolent Fund.

It will thus be seen how multifarious are the interests affected by, and affecting, the work of a Superintendent of District Nurses, and the wider the conception a

Superintendent has of her public responsibilities, the better able she is not only to perform her own work efficiently, but to train others to take a broad outlook on their duties, and so to become some of the most valuable, as they are hard-working, members of the community.

The nurses of the Paddington and St. Marylebone District Nursing Association are, therefore, to be congratulated that they have the example of so public-spirited a Superintendent.



MISS S. M. MARSTERS.

Superintendent Paddington and St. Marylebone District Nursing Association, Member Matrons' Council of Great Britain and Ireland.

THE FLORENCE NIGHTINGALE MEMORIAL.

We quote the following editorial remarks from *The Canadian Nurse*, which appeal to us as particularly appropriate, and representative of professional feeling at the present time:—

"At this time when so much distress makes so many demands upon us, the nurses will learn with something of relief that the contributions for this Fund have been abandoned for the coming Congress. So many felt that, under present conditions the contribution would fall short of what it should be, not that loyalty to the memory of Florence Nightingale is at fault, but that the call of distress seems to take precedence, and rightly so.

"It may be that the lessons taught us during this awful War will develop an appreciation of the work of this great woman, such as we did not know before.

"But, however this may be, this Fund should not be forgotten, but each and every Association should arrange some plan by which its members may take up the study of the 'Life of Florence Nightingale,' by Sir Edward Cook. For, after all, the response of the nurses to this call will be in proportion to their knowledge of and admiration for this woman whom we wish to honour.

"May we suggest that each Association, or group of nurses arrange lectures, dividing the subject in some such way as this, to make a division of the work: Early life, home life and associations, education, training for nursing work in the Crimea, work for the British Army, work for the emancipation of women. If the nurses, by some such means, get an idea of the amount of work accomplished by Florence Nightingale, and of what we as nurses owe to her, there will be no doubt about the heartiness of the response to this Fund, for the nurses will realise that a peculiar privilege is theirs, and that in honouring this woman they honour themselves and help to place nursing education on the high plane it should occupy."

The large majority of nurses know very little of the history of nursing, or even of the great work of Florence Nightingale in this connection. In every training school during the first year's probation "A History of Nursing," by Miss Nutting and Miss Dock, and the "Life of Florence Nightingale," by Sir Edward Cook, should be used as text-books, and should be included in the curriculum of instruction and in the subjects of examination for every probationer. What a different ethical standard would permeate the whole nursing profession if such lessons were impressed upon young nurses and by them taken to heart.

There, would be no anti-registrationists if each Matron inspired her nurses with veneration for her cloth.

NURSING AND THE WAR.

Miss E. H. Becher, Matron-in-Chief of Queen Alexandra's Imperial Military Nursing Service, had recently the honour of being received by Queen Alexandra at Marlborough House, when Her Majesty showed her the gifts which with gracious and thoughtful kindness she was despatching to each member of the regular Military Nursing Service serving in France. The gift consisted of a fur-lined cloak, muff and hood, enclosed in a bag which also contained a small scented sachet, and a card.

We regret to learn there has been so much sickness amongst the patriotic Nursing Staffs of many Territorial Hospitals, but we fear until a staff of ward maids are employed the health of the nurses will necessarily be overstrained. It is high time this question should be seriously considered and more domestic labour provided.

At Rochester on Saturday last a man named George Davis, who hoodwinked the sentry at the gate at Fort Pitt Military Hospital with a story of visiting his cousin, a Red Cross nurse, an imaginary personage, was committed for trial charged with theft from the nursing sisters' quarters.

St. George's Hospital Gazette publishes the names of the following nurses serving the sick and wounded: *Q.A.I.M.N.S. Reserve*—Nurse Maltby, Nurse Whitlock, Nurse Jeffery, Nurse Studdert, Nurse Walsh, Nurse Rice Oxley (sen.), Nurse Knights; *Territorial Nursing Service*—Nurse Cape, Nurse Lamb, Nurse Carter, Nurse Bish, Nurse Shaw, Nurse Hearn; *British Red Cross Society*—Sister Morrison, Sister Johnston, Sister Gore, Sister Hall, Sister Sanders, Sister Hatton, Sister Seymour, Nurse Coombes, Nurse Meggitt, Nurse Sturt, Nurse Thomas, Nurse Hunter, Nurse Brownrigg, Nurse B. Robinson, Nurse Moss, Nurse Barry, Nurse Rowe, Nurse Jones, Nurse Tyrie, Nurse Pike, Nurse Scott White, Nurse Rice Oxley (jun.). To this list also the name of Miss M. J. Nairne (French Flag Nursing Corps) should be added.

A SECOND CANADIAN CONTINGENT.

At the request of the British War Office the Canadian Militia Department is despatching immediately 75 trained nurses to this country, all the first Canadian contingent being now fully occupied. The Department will have no difficulty in securing the number asked for, as applications have been received from over 2,000 trained nurses desirous of accompanying the second contingent.

When the call for the first contingent of nurses to serve with the Canadian troops was made known the work of selection was put in the hands of Miss Gunn, the Secretary of the Canadian National Association of Trained Nurses, and only women holding diplomas of training were selected. Owing how-

ever to the fact that one probationer was sent by the Minister from the Toronto Hospital for Sick Children, rumours have been afloat that untrained women were permitted to proceed to Europe on active service. *The Canadian Nurse* makes it quite clear that this is a error, and explains that the probationer in question is not on the list of Nursing Sisters, and "was not sent as a nurse, but as a companion and helper to two ladies sent from Toronto to supervise the issue of comforts, &c., to the men of the first contingent (Miss Munmer and Miss Arnoldi)."

In our Dominions over Seas the economic value of a diploma is rightly much more carefully conserved than at home, where "the born nurse," especially in war time, is a terrible pest and we congratulate the Canadian National Association of Nurses that it took a firm stand on the question of professional depreciation, and declined to recognise semi-trained and untrained women as good enough to nurse the splendid men who have sacrificed their material prospects and risked their lives in defence of the Empire. When the War is at an end we have got to take a very firm stand on this latest attack upon our professional status and the undermining of our economic position by those whom Florence Nightingale so aptly termed the "fashionable asses."

Some three hundred nurses, as well as many members of the medical profession, assembled at the Grand Hotel, Melbourne, to bid farewell to the Victorian members of the Australian Army Nursing Staff, in connection with the hospital unit which recently left for the Seat of War in Europe.

The guests of the evening were received by Miss Glover; and an address was given by Mr. Fincham (Assistant Minister of Defence), to which Miss Bell replied, on behalf of the nurses. Dr. Springthorpe, for many years President of the Association, also spoke.

A very pleasant and sociable evening was spent, which concluded with the singing of the National Anthem and "Auld Lang Syne," and the expression of many good wishes to the Army Nurses.

The following is the list of the nurses given by *Una*, the official organ of the Royal Victorian Trained Nurses' Association: Mrs. Tessa Thomas; Misses Ross, E. V. Watt, L. A. Cuthbert, V. Zichy-Woinarski, I. O'Dwyer, A. E. Hart, G. Douglas, E. G. Fleming, R. Quarterman, Clarence Green, Ethel Tracey Richardson, Violet Mills, He'len Tait, Gertrude Good, Elizabeth Geoghagan, Alice Ross King, Catherine O'Connor, Annie Bell, Edith Cameron, Ethel Forsyth, Maude Carlile, Essy Craig, Elsa M. Cuzens, Marjorie Yuille, Eileen Connelly, Eleanor J. Kendall, Estelle Lee-Archer, Ethel Bleach, Winifred Newell, Amy King, Hilda Knox, Margaret Stevenson, Gladys Field, Bertha Wallace, Minnie Hobler, C. Plant, Lilian Richards, Maud Baker, Agnes Jackson, Eleanor Kerr, Bertha McKinnell, Jeffries.



MISS H. BROTHERTON,
Matron of Whitby Hospital, on Active Service in France.

Miss H. Brotherton, Matron of the Whitby Cottage Hospital, whose portrait appears on this page, is now working in France, with twenty-three nurses who went out in her charge, in connection with Queen Alexandra's Imperial Military Nursing Service. Miss Brotherton was called up for duty with the Territorial Force Nursing Service at the First Northern General Hospital, Newcastle-on-Tyne, at the beginning of August, and at the same time volunteered for foreign service. Before leaving for France she was presented by the nursing and medical staff of the hospital with a radium dial faced travelling

clock, and several other useful articles.

The Hospital of the Women's Imperial Service League established at the Chateau Tourlaville, near Cherbourg, known as the Anglo-French Hospital, No. 2, is doing good work, under the direction of Dr. Florence Stoney, an expert in radiography, and six medical women. The League owes its foundation to Mrs. St. Clair Stobart, and the organization of the above hospital is due to her initiative. There is a staff of fifteen nurses, and nine orderlies, and assistance in the work of drawing water, and carrying patients from the ambulance cars to the wards is given by French reservists quartered in the

neighbourhood. Within 48 hours of the staff taking possession the hospital was ready for patients.

FASHIONABLE FADS AND FOIBLES.

The Paris fashion correspondent of the *Times* writes :—

"In the place of tangos and tight skirts we have hospital nursing and the Red Cross uniform. Both the occupation and the costume are as popular as the tango and the tight skirt once were; and no one will deny that they are more sympathetic and becoming. The maid-servant, the shop assistant, the actress, and the society woman have all adopted the new fashions, and each of them endows the uniform with something of her own personality. Corney Grain would have said of the Red Cross veil he did of the Saint Bartholomew's cap, 'I had no idea that out of one cap (or veil) so many could be made.' It is really very interesting to see how variously the Red Cross uniform can be worn, and it suggests that the woman 'maketh the habit' rather than the other way round. In comparing the way different women wear the present uniform it must be owned that in France the lady of high degree wears it better than any other. The maidservant manages to look like a rather untidy housemaid, the *bourgeoise* suggests a superior cook, and the actress insists upon a touch of the footlights; only the gentlewoman is satisfied to let severity have its way, aided by carefully-dressed hair and very expensive shoes and stockings. I know several women who get up at 5.30 every morning so that they may be on duty at 8, and can thus have two hours in which to dress. They neglect none of those daily habits which give that well-turned-out look to them, no matter whether they put on a nurse's uniform or a tea-gown.

"That their work is any better done than that of the women who are less well turned out I will not say; probably it is sometimes good and sometimes bad, like most things and most people; only in their dress do we find perfection, and, as far as it goes, we may admire it." Out of doors the Red Cross uniform is not worn, and once away from the hospital the nurse melts into the ordinary woman."

The pity is that in the hospital the "ordinary woman" cannot "melt" into the highly skilled aseptic nurse, even with the aid of "carefully dressed hair, and very expensive shoes and stockings."

How thankful unpretentious, hard-working nurses will be when all these follies melt into thin air, and they are left in peace to carry on their arduous yet honourable duties in nursing sick people back to health, and when this Red Cross nursing craze, like the tango, is no longer a fashionable fad.

All the "out of works" are rushing into nursing, and the Paris minidette is the latest voutary. "Mimi Pinson," as the Paris workgirl is euphoniously called, will substitute the thermometer for her needle, and she considers herself fully equipped.

JOINT WAR COMMITTEE.

HOME HOSPITALS.

The following nurses have been sent out to Home Hospitals during the past week :—

Helperton, Trowbridge, Wilts.—Miss A. M. Leah.
St. John's Hospital, Purbester House, Fareham.—Miss Lechmere.

Red Cross Hospital, Town Hall, Torquay.—Miss E. C. Turner.

Temporary Hospital, St. Mark's Hall, Tunbridge Wells.—Miss A. McFadden.

St. John's Hospital, Stockbridge, Hants.—Miss Taylor.

Mansfield Hospital.—Miss Vicer.

Wallacefield, Coombe Lane, S. Croydon—Miss M. A. Burke.

Spalding Hall, Victoria Road, Hendon.—Miss Coughlan.

T.A.D. Hospital, Ripon.—Miss McNab.

No. 3 Temporary Hospital, Exeter.—Miss Read, Miss Buckshaw.

Red Cross Hospital, Harrogate.—Miss Service.

Auxiliary Military Hospital, Southall.—Miss Nichol's.

Trinity Hall, Sittingbourne.—Miss Cann.

St. Matthew's Hall, Harlesden.—Miss Gillings.

Holmbury, S. Bololph Road, West Worthing.—Miss K. Hall.

Corsham Hospital, Wilts.—Miss McCoy.

ABROAD.

The following nurses have been deputed to duty abroad :—

Servian Unit (Captain Bennett's party) :—
Matron, Miss Callwell, and Miss L. F. Appleyard, Miss Chaplin, Miss A. E. Drewe, Miss S. Macvean, Mrs. Hunt, Miss M. Watson-Wayne, Miss C. F. Grasset.

Servian Unit (Lady Wimborne's party) :—
Miss M. Frost, Miss Sinclair and Miss Davidson. Miss Brown, who was notified last week as Matron of this unit, will not form one of the party as her Territorial duties do not permit of her accompanying it. The party is expected to leave in a few days' time.

Montenegrin Unit (1).—Miss H. Rawlings, Miss E. A. Trebilcock.

Montenegrin Unit (2).—(Mrs. Reid's), Miss L. A. Allender.

HOSPITAL UNIT UNDER SERBIAN GOVERNMENT.

The first hospital unit organized in this country under the authority of the Serbian Government, left Paddington on Tuesday morning, Mr. James Berry, F.R.C.S., Senior Surgeon at the Royal Free Hospital, being, as we last week reported, in charge. Mrs. Dickinson Berry, M.J.D., also went as a member of the unit, with Mr. Laurence Panting, Dr. Ulysses Williams, radiographer, and Miss Dorothy Chick, M.R.C.S., L.R.C.P. The nurses included in the party were Miss Irvine Robertson, Sister-in-Charge, and Miss Annie J. Pearce, both of whom have held the position

of Sister in Mr. Berry's wards at the Royal Free Hospital, Miss Lena Barber, Miss Florence Bartleet, the Hon. Florence Colbourne, Miss Julia Gore, Miss Margaret Hurley, Miss Jessie Sutherland, and Miss Catherine Webb.

The nurses looked very neat and smart in their serviceable uniform designed by Miss Cox-Davies, Matron of the Royal Free Hospital. It consisted of a dark blue coat with Raglan sleeves and soft turned down collar, faced with a lighter shade of blue cloth. The brassard on the left arm bearing the red cross was of the same shade of blue and the two shades were repeated in the soft felt hats. The dress worn under this coat was of dark blue serge, with facings of the lighter blue.

Miss Cox-Davies, in the uniform of a Principal Matron of the Territorial Force Nursing Service was busy pinning on favours of snowdrops, violets and white heather to each of the party, including Mr. and Mrs. Dickinson Berry.

Amongst others on the platform was Mrs. Creighton, who was there to see her daughter off, going with the party as cook, and Mr. Garratt, Secretary of the Royal Free Hospital, who is acting as Secretary to this Serbian Hospital Unit. As the train steamed out of the station a hearty cheer was raised on the platform by a number of friends who had come to wish the party God speed, and Mr. and Mrs. Berry responded from their carriage window, with wavings and a last adieu.

Every patriot feels the deepest sympathy with the Serbian people—themselves a nation of ardent patriots.

Twenty tons of stores were taken by this unit, and it is hoped to find clothing in about a month's time.

SERBIAN RELIEF FUND.

Another party travelling by the same train and embarking on the Admiralty transport which is to take the whole party to its destination were Dr. Eliot, and the following nurses: Miss Scott, Miss Cluley, Miss Pickering, Miss Mackintosh and Miss Moore.

The transport will touch at Malta, and then proceed to Salonika, from whence the nurses will proceed to Uskub. We regret to hear that they are replacing members of Lady Paget's unit who are incapacitated by illness.

Another party of 10 or 20 nurses will shortly leave to supplement Lady Paget's unit, as there is much enteric fever in Serbia, and nurses are urgently needed.

FRENCH FLAG NURSING CORPS.

Now that many of the French wounded at the base at Rouen, Havre, and elsewhere are recovering from their critical period of illness, we are glad to know that the French Minister of War has consented to send the Guy's Unit of very experienced nurses from Havre to Dunkirk, where they hoped to arrive on the 12th inst., and are no doubt very fully occupied nursing enteric by now. We hear

very little of the real condition of things through the press, but the following statement in a letter received three weeks ago from a Sister at Dunkirk, proves how all along many more trained nurses have been required there to help combat the enteric outbreak. She wrote: "I hear enteric is rife here, and they have as many as 20 to 30 deaths a day from it. 200 patients are attended by one nun and some orderlies, the patients are allowed to get up to the night stools, even cases of hæmorrhage." The Ministry is favourable to the proposal to move up nearer the front those members of the Corps who have proved their worth at the base, many of whom have not only gained the confidence of the medical officers, but have so applied themselves to learning the language that many now speak French very fairly indeed, and are therefore doubly useful to doctors and patients.

As we anticipated from past experience the Bordeaux boat didn't feel like sailing last Saturday, so the eight members of the Corps, after awaiting its pleasure in London, may now be sent to the Rouen region to supply the places of the units to be sent to the front, as twenty more nurses have been requisitioned. As we go to press final arrangements have not been made. The difficulty is not to get good nurses, for the F.F.N.C., but to find sufficient who speak good French.

WHAT A SOLDIER OF FRANCE THINKS OF ENGLISH NURSES.

Depuis assez longtemps je le savais en France
La femme se devoue, soulage la souffrance,
N'hésite même pas à braver les dangers,
Pour prodiguer ses soins à tous nos chers blessés.
On la trouve partout, jusqu'au champ de bataille,
Relevant les soldats couchés par la mitraille.
Beaucoup, hélas, déjà sont mortes au Champ
d'Honneur,
En voulant affronter la guerre et son malheur.
Ce que vous faites là, femmes, est admirable;
Votre exemple nous donne, à tous, plus de courage.
Mais ce que j'ignorais, je viens de l'apprécier
Nos sœurs d'outre Manche ont su vous surpasser.
Par vos soins, O Sister, et pas votre obligeance
A nous donner à tous, sans distinguer la nuance,
Ce que peut réclamer même maladi
Qui devient exigeant, ennuyé d'être au lit,
Ne sachant apprécier tout le mal qu'il vous donne,
Ne pensant pas aux autres, et bien à sa personne,
Vous contribuez bien plus à notre guérison
Que les médicaments qu'on nous donne à foison.
Aussi, permettez moi, chères sœurs d'Angleterre,
De vous dire un merci, croyez il est sincère.
Car je ne sais comment m'acquitter envers vous;
Je me suis débiteur pour la fin de mes jours.
Soyez sûres au moins, vous qui êtes si aimables.
Que toutes vos bontés seront inoubliables.
Avant de vous quitter, l'humble soldat de France
Vous donne son adieu, plein de reconnaissance.

QUESNEL, sergent 136 d'Inf.

Tournaï, 1914.

À Sister Eburah.

THE CARE OF THE WOUNDED.

The Hon. Arthur Stanley, M.P. (Chairman of the Executive Committee of the British Red Cross Society), has just returned from an inspection of the British Red Cross Hospital provision in France, and visited Boulogne, Wimereux, St. Omer, Calais, Abbeville and Rouen. He considers everything all but perfect, and says, "We are satisfied that the administration of the R.A.M.C. and Red Cross Hospitals is splendid." Mr. Stanley continues:—

Red Cross Hospital, Astoria, Paris; No. 2 British Red Cross Hospital, Rouen; No. 4 Red Cross Hospital, Abbeville; Allied Forces Base Hospital, Boulogne; Sir Henry Norman's Hospital, Wimereux; Westminster Hospital, Le Touquet; Women Hospital Corps, Boulogne; the Hertford British Hospital, Paris; Anglo-American Hospital, Wimereux.

"But we have other duties and responsibilities. We must make the most of the funds generously placed at our disposal by the public; we shall want more and more in the way of funds as the war drags on, and we must look after our very



MISS M'FERRAN DR. DARLING.
(Matron). R.L.S. DIRECTRICE.

DR. FAYON. DR. CLARKE.

STAFF OF HOSPITAL AT PAU, FRANCE, ESTABLISHED BY TYRONE UNIONISTS.

"Our accommodation for the staff and the nurses has been necessarily rather limited, but we are arranging many improvements, and one of the objects of my visit was to complete arrangements for the better accommodation of the nurses. Lady Gifford is about to open as an experiment a small home of rest for nurses at Hardelet. Another rather important charge is that we are taking over the control of the voluntary hospitals working for the British troops in France. The voluntary hospitals at present working there are: Australian Hospital, Boulogne; American Hospital, Neuilly;

large staff of workers. Many people do not realise that we have to-day a *personnel* of over 1,200 on the Continent, and that does not touch our far greater work here at home."

Let us hope Mr. Stanley will take some steps to reorganise many Red Cross Hospitals at home, the system is unjustifiable, and no time should be lost in altering it.

The interesting illustration which appears on this page represents the medical, nursing, administrative and domestic staffs of a hospital

a Pau, France, which with the equipment, have been supplied entirely by the Unionists of Co. Tyrone, Ireland. The hospital is directly under the French Government. The staff includes Dr. Fayon (Médecin Chef), Dr. Darling, Dr. Woodroffe, Dr. Clarke, M. Touet (Administrative Officer), Miss M'Ferran (Matron), the Directrice, Sisters Jennings, Patrick, Stevens, Jameson, Shumman, Bal'entire, Johnston, Sullivan, and Wright; Nurses Thompson, Dickson, Alexander, and Harkness; Corporal Downer, Corporal Juissame, M. Lacosca, Orderly Lowry, the cook, kitchen helpers, linen-room helper.

Thanks to an anonymous donor, science will be able officially to declare war on the battlefield bacteria. The donor has provided a fully-equipped motor bacteriological laboratory, and has placed it at the disposal of the War Office, who have gratefully accepted it. The vehicle is to be known as the "Princess Christian Motor Laboratory."

A motor-cycle, with sidecar, is attached to the expedition, in which samples will be brought from the battlefield to the base for examination in the motor laboratory, which has a scientific outfit of the latest design.

Princess Louise (Duchess of Argyll) and Princess Henry of Battenberg last week went to Brighton to pay a brief visit to the wounded Indian soldiers at the Royal Pavilion Military Hospital. This is the second time during the past three weeks that Princess Henry has visited the institution. The visit concluded with an inspection of the Auxiliary Hospital, at the Municipal Secondary School.

At a meeting of the Committee of Management of the Dublin Castle Red Cross Hospital it was announced that the alterations necessary to equip the Castle as a hospital were progressing very rapidly, and it would, in the course of a week or so, be in a position to take in patients. It was reported that some of the wards were now almost furnished. Miss A. M. MacDonnell, R.R.C., the Matron, was present. It was further agreed that the public, on a given date, would be admitted to view the hospital, as soon as final arrangements for the reception of patients had been made.

The Japanese Red Cross Society is giving evidence of practical sympathy with its Allies and has despatched a contingent to England to assist the British Red Cross Society. The unit is composed of two doctors, Surgeon-Inspector J. Suzuki and Dr. T. Oshima, accompanied by twenty-two nurses, under the superintendence of Miss Yamamoto and Miss Kwooka; and two clerks. The unit is travelling via America, and is expected to reach Liverpool on the 21st inst. Two similar contingents have also been sent to France and Russia to help the Red Cross work in these countries.

Miss Yao Yamamoto is no stranger to nurses in this country, many of whom met her at the International Congress of Nurses in Cologne, to

which she was a fraternal delegate. Subsequently, with Miss Take Hagiwara and Mrs. Watanami she came to England, and with them paid a visit to Miss Nightingale's grave at East Wellow, and placed upon it a wreath of choice flowers in the name of the Japanese Red Cross Society.

Sir Thomas Lipton's yacht, *Erin*, which sailed from Southampton on Monday for Salonika under the Joint War Committee, sails as a hospital ship, flying the Red Cross flag. She carries five doctors, seven members of Voluntary Aid Detachments and 280 tons of stores. The nurses who are travelling overland will join her at a Southern port. The destination of these on board on their arrival at Salonika will depend on the wishes of the Serbian Government, but will probably be either Uskub or Nish.

The *Erin*, on her return to England, will remain in the service of the Red Cross for the duration of the War.

The Committee of University College Hospital, Gower Street, appeal for cigarettes, pipes, and tobacco for the wounded soldiers in the wards of that institution.

Queen Alexandra and Princess Victoria paid a private visit last week to the special hospital for officers at Palace Green, Kensington. Her Majesty was received by Dr. Stanley Bousfield, the resident medical officer, and Mrs. Cousins, the matron.

Motorists are invited to lend their car for some part of each week to the convalescent soldiers. For particulars address, Volunteer Motor Mobilisation Corps, 6, Old Burlington Street, London, W.

The members of the South African ambulance have left London for Cannes, where the French Government has placed at their disposal the Hotel Beau Rivage, with 150 beds. In addition to the motor-ambulances they brought from South Africa, four motor-cars, which will be driven by their owners, have been given to the ambulance in London.

The Special Correspondent of the *Daily Telegraph* at Copenhagen reports that the Danish Committee—including Dr. Edward Ehlers, the famous specialist in dermatology, Dr. E. A. Tscherning, the chief surgeon of the municipal hospital at Copenhagen, and his cousin, Dr. Marius Tscherning, who was for many years professor of ophthalmic art at the Sorbonne, Paris, but who is now staying at Copenhagen, his native city—have sent the third Danish ambulance to Calais. The staff will join the other Danish nurses serving with the *Jeune d'Arc* ambulance there. The third Danish ambulance is headed by Miss Valborg Hjorth, of the great municipal hospital at Bispebjerg, Copenhagen. She was connected with Professor Depage's ambulance corps during the Balkan War, and has a reputation as one of the best nurses in Europe.

The bath trains attached to the Russian Army are marvels of comfort and delight to the troops. The first of these trains went to East Prussia, and thence to Poland. It has accommodation for 1,200 baths daily, and many soldiers tramped forty versts to reach it.

Dr. Seymour Barling (of Birmingham), dealing in the *British Journal of Surgery*, with the rapidity and efficiency with which the sick and wounded are transferred from overseas by ambulance ships, mentions the case of patients wounded near Lille on a Saturday morning, reached the French coast on the following day, and were in London on Monday by mid-day. Owing to the splendid condition of the men at the beginning of the war, and the success of the sanitary precautions in the field, very few of the sick were really ill. The proportion of bullet wounds (53 per cent.) to those inflicted by shell and shrapnel (37.5 per cent.) in the wounded who had come under his care, was, he said, unusual, for the general experience in modern campaigns has been that artillery wounds greatly predominate over those inflicted by rifle fire.

Mr. Charles A. Pannett (of London), describes an interesting case of a soldier who had a large hole driven in the frontal region of his scalp. The wound was cleaned up, a number of bone fragments were removed, and several weeks later the man was stated to be progressing favourably. A number of cases of gun deafness have been treated, and several of neurasthenia—the two worst being men who had been wrecked in H.M.S. *Cressy*, and after a week's rest had received trifling wounds in the operations on the Belgian coast.

Dr. Oswald G. Morgan (of London), who served in a convent at Namur, describes the case of a man who, suffering from mental derangement, was haunted by an aeroplane which he followed with his finger for forty-eight hours, and only got short periods of sleep after large doses of hyoscine. Another patient used to shoot and then cover his head with his hands, his pupils widely dilated as though expecting a shell. Both men recovered. They were normally very simple agricultural people, and were probably unable to bear much mental strain without breaking down.

Another case is described by Captain Herschel Harris (of the Australian Voluntary Hospital, Boulogne), of a man, the vertex of whose skull had been shattered by a glancing wound. There was extensive paralysis of the limbs on both sides, without coma. An operation was performed at once, and the removal of the shattered splinters of bone was followed by much improvement, which continued to such an extent that ultimate recovery appeared probable.

OUR WEST END OFFICE.

Copies of THE BRITISH JOURNAL OF NURSING can always be procured at 69, Long Acre, W.C., and at 431, Oxford Street, London, W., price One Penny.

APPOINTMENTS.

NURSE MATRON.

Warminster and District Joint Isolation Hospital.—Miss Myra M. Forster has been appointed Matron-Nurse. She was trained at the Hounslow Hospital, and at Richmond, Heston and Isleworth Isolation Hospital, in the latter hospital holding the positions of Staff Nurse and Charge Nurse. She has also been Deputy Matron at the Chipping Sodbury Hospital, and the Devizes Isolation Hospital.

! ASSISTANT MATRON.

Edinburgh District Asylum.—Miss H. Harkin has been appointed Assistant Matron. She was trained at St. Pancras Infirmary; and has held the position of Superintendent Nurse at the Newcastle-under-Lyme Infirmary, the Hartlepool Infirmary, and the Bromley Union Infirmary.

CHARGE NURSE.

Hunslet Union, Leeds.—Miss Emily Peet has been appointed Charge Nurse. She was trained at the South Shields Union Infirmary; and from June, 1910, has held the position of Charge Nurse in the same institution to the present time.

Ecclesall Institution Infirmary, Sheffield.—Miss B. Allatt and Miss Jennetta M. Mortimer have been appointed Charge Nurses. The former was trained at the Union Infirmary, Rothwell, and the latter at the Hemsworth Union.

QUEEN VICTORIA'S JUBILEE INSTITUTE. TRANSFERS AND APPOINTMENTS.

Miss Emma L. Cottrell is appointed to Tottenham, Miss Ethel Heap to Buxton.

ROYAL RECOGNITION OF NURSES' SERVICES.

In recognition of the services of the five sisters of the Birmingham General Hospital who served in the Greek Army during the second Balkan War, King Constantine has presented to each nurse a diploma, a photograph of himself, and a medal. On the obverse of the medal is a representation of the King; and on the reverse appears Basil II.

PRESENTATION.

At the entertainment given to the patients in the phthisical ward at Blawarthill Hospital, N.B., a pleasant ceremony took place during an interval when the chairman of the Hospital Board, Police Judge Hogg, on behalf of Nurses Stevenson and Bryan, and the patients in the block, presented the Matron, Miss Martin, with a beautiful handbag, which Miss Martin briefly acknowledged. The chairman, in making the presentation, said that the Matron's aim was that all the patients should be well looked after, she was always striving to get all the staff to do everything possible for their comfort and convenience.

THE FLORENCE NIGHTINGALE STATUE.

At the time of our going to press the date of the unveiling of the statue of Florence Nightingale in Waterloo Place, S.W., is not definitely announced, but it is expected to take place very shortly, and it is hoped that the ceremony may be performed by Lord Kitchener. It would be specially appropriate that the duty should be undertaken by the Secretary of State for War, the head of the Government Department to which Miss Nightingale rendered such illustrious service.

IRISH NURSES' ASSOCIATION.

A trio of interesting lectures has been arranged by the Irish Nurses' Association. The first, on "The Eye," by Dr. Euphan Maxwell, took place on Tuesday last; the next, by Dr. Meldon, on "Anæsthetics," will be delivered on February 10th; and the third, by Dr. Mabel Crawford, on "Burns and Frost-bite," on April 13th. In each case the lecture is on a Tuesday; and will be delivered in the rooms of the Association, at 34, St. Stephen's Green, at 7.30 p.m.

TRUE TALES WITH A MORAL.

OVERHEARD IN A CAFÉ.

The following was actually overheard by me last week in a Café:—

Red Cross Girl.—"We are expecting to be called up to nurse the wounded any day."

Elderly friend.—"You will find such unaccustomed work difficult at first."

Red Cross Girl.—"Oh no! You see I have just had a week's training in hospital."

Elderly friend.—"That's capital! Of course you know all about it now. That's really capital!"

A. W.

THE FORCE OF DISCIPLINE.

One realises the wonderful spirit of the Navy (says the *Nation*) not merely in the story of the loss of the *Formidable*, but in accounts of the slighter accidents of the fleets. The other day, for example, the commander of a destroyer, rolling heavily in a gale, and with her engines disabled, tried to lessen the strain by lading out oil. The seaman engaged in this work was washed overboard, and washed back again by a returning wave. He picked himself up, saluted his officer and said: "Very sorry, sir; lost the bucket."

EXAMINATION.

At the recent examination held at the Royal Hospital for Diseases of the Chest, City Road, E.C., the following nurses were successful, they also have attended at the Tuberculosis Dispensary:—Misses O. M. Wallis, A. Butcher, C. M. Henniker, G. K. D. Johnston, G. McCulloch, G. M. Servante, E. A. Jones, M. Morrison, A. Mooney, J. E. L. Chatfield, G. Coffin, J. Giles, A. B. Williams, A. L. Briscoe, N. P. Wheeler, M. V. Wood, A. M. Johnson, H. O'Reilly, M. F. Jackson, M. E. Stoneham, D. M. Amos, E. M. Edge, J. M. Heward, H. B. Lee, M. V. Johnson, M. E. Parker.

NURSING ECHOES.

Members of the Matrons' Council are reminded that the Annual Meeting will take place at 431, Oxford Street, London, W., on Friday, January 29th, at 4 p.m. After the business meeting there will be an interval for tea, after which Miss Mollett will open a discussion on "Women and Their Work during the War."

The Gravesend Hospital has been the scene of a fire, which once more has proved the courage and devotion to duty of the nursing staff.

The outbreak was discovered by one of the nurses at 4.15 a.m. She noticed a smell of burning, and it was traced to an unoccupied room immediately above the children's ward. The children, fifteen in number, were quickly transferred to an emergency ward which had been prepared for wounded soldiers.

The hospital fire brigade attacked the flames pending the arrival of the town brigade. Two nurses' rooms were burned out and the children's ward was badly damaged.

We hope the staff have recovered from the shock, always the result of such a terrifying experience as fire in a hospital.

At a recent meeting of the Hartlepool Hospital Governors, appreciation was expressed of the coolness and heroism of the Matron, Miss Stephenson, and nursing staff during the recent bombardment. When the institution was in the very hottest part of the firing, shells bursting all round, the nurses, it was stated, stayed calmly at their posts, tending their patients and removing to less dangerous parts those who were in more exposed sections of the building. Fortunately the hospital was not struck, though great havoc was wrought amongst property all round.

Colonel Burdon, in moving a vote of appreciation, said the hospital staff could not have been in greater danger had they been at the front. He also said that having discovered the dangerous position of the institution in case of bombardment they should not defer action too long, but should either shift the hospital or shift the battery.

It was reported that the Matron had received a letter from Lord Charles Bessford, thanking her for her courtesy on the occasion of a visit from himself and Sir Edward Carson some days after the bombardment, and asking if the Government had made any grant to the hospital.

At the annual meeting of the Garston and District Nursing Association, Liverpool, which receives a grant towards the work of its school nurse, Mr. J. G. Legge, Director of Education, said that there was a suggestion that too much was being done for children by the authorities, and that parents were being relieved, thus causing a loss of grit and fibre, which was the pride of our race. An immense work was being done by that Association, and the real point was in the way it was done. If relief was merely shovelled out it would weaken the moral fibre, but where relief was given under proper conditions it would strengthen rather than weaken.

Appreciation is always pleasant, and often not too generously bestowed. The nurses of the Dorking Poor Law Infirmary will learn with pleasure of the gratitude for their work expressed in a letter read at a recent meeting of the Dorking Board of Guardians from a son of a late patient in the Infirmary, who sent 4s. 6d. for three weeks "towards dear mother's keep, while in the Infirmary," and added, "I thank you and the nurses and Guardians for their kindness towards dear mother. She said to the very last, till the worst hour came, that she was treated with kindness."

The Health Committee of the Glasgow Town Council have decided to recommend an increase in the salaries of the nurses in their employment, in order to attract and retain nurses. An additional attraction would be a whole instead of a half day off duty for probationers once a month, thus enabling those living at some distance from the city to visit their homes occasionally.

The Skye District Medical and Nursing Service Association recently met to consider a letter from the Secretary of the Highlands and Islands Medical Service Board, which stated that, pending the approval of the Scottish Office, and the Treasury, of the scheme which the Board had prepared for the district, they were ready to give assistance, from an emergency fund at their disposal, in order that the service of four nurses for the most necessitous districts in the island can be obtained without delay. If local committees could be formed who would undertake to raise 25 per cent. of the total cost of fully trained nurses, the Board would, on getting a satisfactory assurance to this effect, guarantee the balance for the first year. We are glad to learn that it was decided to agree to this proposal, and that Glendale, Eastside, Strath and Water-

nish should be the selected districts, provided that local arrangements could be made for the contributions required.

Under the auspices of the Ulster Branch of the Irish Nurses' Association an interesting lecture was given to the members of the Association on "The Treatment of Patients after Operation, with special reference to Shock," by Mr. S. T. Irwin, F.R.C.S., on Monday, January 18th. The lecture was greatly appreciated.

The Omagh Guardians appear to wish to give holidays to the members of their nursing staff only if they can arrange with other members of the staff to do their work in addition to their own. At a meeting of the Board on January 7th it was reported by the Master that at the request of the medical officer he had requisitioned the services of Nurse Gallagher from the County Hospital to do Nurse Watson's duty in the workhouse. Mr. P. M'Loughlin reasonably said that the Board had granted the holidays, and it was their duty to see that some person discharged the duties of Nurse Watson. He understood that Nurse Watson had done her best to get some of the other nurses to do her work, but they had absolutely refused to do so. The Chairman, Mr. George Murnaghan, J.P., said it had always been the practice in the infirmary that the nurses should do one another's work when holidays were granted.

Mr. Lewis said there seemed to be "stiffness and obstinacy" amongst the nurses who refused to discharge the extra duty; and another member of the Board suggested that an example should be made of some of them.

Poor Law infirmaries are, as a rule, rather under than over-staffed, and conscientious nurses know that overwork means neglect of patients.

When holidays are given it should be at the expense of the ratepayers, not of the nurses.

We are pleased to note, as reported in the *South African Nursing Record*, that the Cape Provincial Medical Council, at a meeting on November 3rd last, concerned itself with nurses' education:—

Dr. Wood proposed the following new regulation for trained nurses:—"No institution in South Africa shall be approved by the Council under the foregoing Regulation (the recognition of a third class of institution for training of nurses, where two years is to be equivalent to one in hospitals with more acute cases) unless every person admitted for training as a

probationer in such institution after the 1st January, 1915, shall be required to produce (1) a certificate of having satisfactorily completed the sixth school standard; or (2) any education certificate recognised as equivalent to the above. Where an applicant for admission to training is not in possession of any of the foregoing certificates, the hospital authorities shall require her to pass, before commencing her training, an examination which shall include English composition and simple précis writing and arithmetic equal to that prescribed for the sixth standard of a primary school. The Council reserves to itself the right of pointing out to the responsible authority of a recognised institution any matter in which the foregoing requirements seem to the Council to be insufficiently met, and of withholding, suspending, or withdrawing recognition in any case which remains unsatisfactory."

Dr. Wood insisted on the necessity of such a regulation; at present some hospitals exacted an educational standard from entrants, but others did not. Uniformity was necessary, and his proposal was one which had already been adopted by the Transvaal Council.

Drs. Darley-Hartley and Mitchell generally supported the proposal, and the motion was carried.

When the South African Trained Nurses' Association gets under way, it will no doubt be able to take part in drafting regulations for the training and conduct of its members.

REGISTRATION NEWS.

The Pacific Coast Journal of Nursing has an article this month by Miss Anna C. Jammé, R.N., in which we are informed that the State Board of Health for California held its first examination for nurses' registration on December 5th last. The examination questions were selected from a list of questions submitted by the Superintendents of the training schools in California given to their pupils during the past year and approved by the Board. We are pleased to note that the first group of questions came under the heading of "Nursing Ethics," No. 1 being "Define Nursing Ethics." A most interesting picture appears of "The Members of the State Health Board and First Group of Nurses to Take Examination," evidently taken in the Examination Hall, where the platform is draped with the Stars and Stripes and the State Flags.

How many more years will the nurses of the United Kingdom be content to wait before such a happy group can be taken of the General Nursing Council and its first diplômées?

THE HOSPITAL WORLD.

CHARING CROSS HOSPITAL.

Charing Cross Hospital seems to have entered upon an era of increased energy, and, let us hope, of increased prosperity, under the régime of its new Chairman, Mr. George Verity, Hon. Colonel of the Royal Engineers. At last every ward in the hospital is in use, for funds to furnish the empty wards, for which the Committee have been appealing for years past, were, on the outbreak of war in August, speedily forthcoming when the plea was made that they should be furnished to enable the Committee to place them at the disposal of the War Office for sick and wounded soldiers. Very comfortable they look. In no sense show wards, everything necessary has been provided on a generous scale, and every bed has its own bed table, on castors, which can be moved to the foot of the bed when not in use.

Specially noticeable is a locker designed by Mr. Stanley Boyd, F.R.C.S., which serves the dual purpose of a locker and seat. Lower than most lockers, it can be slipped under the bed, and consists of a tubular framework, with several drawers. Fitting closely into the frame over all is a broad piece of polished wood which forms a comfortable seat. The whole is easily removed from the frame, and easily cleaned.

There is now accommodation for 90 patients sent in by the War Office, and the nursing staff has been increased from 64 to 85.

This, as may be imagined, has necessitated considerable alterations in the arrangements for the nursing staff, and additional bedrooms have been provided at the top of the new block, in which every inch of room has been utilized to the best advantage, for land in the centre of London is priceless.

The new dining-room for the nurses is the personal gift of the Chairman, who has spared no pains to make the room a pleasant one. The walls are cream coloured, with a green dado; the chairs are of plain fumed oak, with leather seats easily taken in and out; the "daylight" system of electric lighting is installed, by which a pleasant light is diffused, far less trying to the eyes than the methods ordinarily employed. In the serving pantry adjoining the dining-room there is a hot cupboard, heated by gas, so that meals can be served really hot. A handsome clock, which has a special bracket of its own, has been given by Mr. Tower, the Vice-Chairman.

Opposite the dining-room is a convenient sewing-room, and beyond again, facing Agar Street, Miss Heather Bigg, the Matron, will

now have her office, near the main front entrance of the hospital. In the other direction beyond the Nurses' Diet Kitchen, and connecting the new part of the Nurses' Home with the main building in Chandos Street, is a lounge, which will doubtless be much used and appreciated.

The nurses at Charing Cross Hospital are exceptionally fortunate in their chapel, as they deserve to be, for it is furnished with money they have themselves given and collected, and they take a pride in keeping it in order. The altar piece was painted by a member of the nursing staff killed, when bicycling, in a collision with a motor, and, with the beautiful Arundel prints and other pictures, gives a devotional atmosphere to the chapel.

Beyond again, a mortuary chapel has now been added. Nowhere in London have we seen one at once so simple and so dignified. The beautiful marble altar is plain to severity, yet nothing could be more appropriate. Here, in the presence of the emblem of the Christian faith, and surrounded by all the care which sympathetic hands can bestow, bereaved relatives see their dead, the body being placed on a bier in the mortuary beyond and wheeled into the chapel.

Nurses from other schools may be glad to know that invaluable housekeeping experience can be obtained as a pupil housekeeper at Charing Cross Hospital. The course lasts for four months, that is to say for 17 weeks, for which the pupil pays 10s. a week—i.e., £8 10s.

We are glad to know that Mr. Verity believes in paying the workers an adequate salary, and there has been a general rise all round for those who have given evidence of good work. The Sisters will now commence at £35 per annum, rising to £50, and the staff nurses and other officers have also had a proportionate rise.

The Chairman also is an advocate of enlisting the help of the heads of various departments in the administration, and it is interesting to know that one of several General Purposes Committees has been formed of the Sisters, with Miss Heather Bigg as Chairman, which meets monthly, and has before it an account of the different items of expenditure for the past month. This, we learn, has a most wholesome effect, and each Sister is keen that while there is no stint in the ward, there is also no waste. As a means to this end check meters have been installed in the ward kitchens, so that any unusual use of gas can be noted and checked.

By the members of the above Committee comparing the average expenditure of their

wards on the different items in use, any tendency to extravagance can be noted and rectified.

NURSES AND THE WORKMEN'S COMPENSATION ACT.

Miss Driellje Buma, a Queen's Nurse, working in connection with the Q.V.J.I. Home, Glossop Road, Sheffield, on Friday in last week succeeded in establishing her claim to compensation, under the Workmen's Compensation Act, before his Honour, Judge Benson, in the Sheffield County Court. The Society involved was the Law Accident Insurance Society Ltd., which denied liability as the accident did not arise out of, and in the course of the nurse's employment. The case for the nurse was that she was alighting from a tram car when she was suddenly run into and knocked down by a motor car. The object of the action was to secure from the Court a declaration of liability under the Act.

His Honour Judge Benson decided in favour of the applicant, and made a declaration of liability with costs.

It appears to be the law that district nurses are entitled to compensation in case of accident or injury in the streets, as they are usually on their way to or from a case, but the Act has been drawn without the slightest consideration for many other classes of nurses. Thus private nurses can only claim compensation for an accident when in attendance on a patient in the sick room, and if injured in the streets cannot claim a penny although they may be taking a walk necessary to keep them in a fit state of health for their work. It is high time that hospital and private nurses held a meeting to discuss their position under this Act.

THE WORLD GRIEVES WITH ITALY.

Widespread grief is felt throughout the world for Italy, quietly preserving her neutrality, yet stricken again through the horrors of earthquake, 30,000 people have met sudden and terrible deaths, 50,000 more are roofless, and the injured are untold. The good Queen Elena has sent a special train from Rome to Avezzano, loaded with food, clothes and medicines. The wounded are many. The Anglo-American Nursing Home in Rome has been placed completely at the disposal of the authorities and has been re-opened expressly to receive the wounded. The British Catholic Hospital has also taken a large number of refugees and a majority of the wounded, the Italian hospitals being absolutely congested.

We feel sure the English and Italian nurses under Miss Dorothy Snell will be giving invaluable help to the stricken people. No one who has not been in an earthquake can ever realise its appalling horror.

ROYAL SANITARY INSTITUTE.

A course of lectures to assist School Teachers and other Students entering for Examinations in School Hygiene, including Elementary Physiology, and for Women Health Visitors, Tuberculosis Visitors and School Nurses, to be given in the Royal Sanitary Institute and Parkes Museum, will commence on Monday, February 22nd, at 7 p.m.

The course will consist of lectures and practical demonstrations on Physiology, Personal Hygiene, and the Sanitation of School Buildings and Dwellings. The Hygiene of Child-Life and Educational Methods, and Tuberculosis.

Special arrangements will be made for each student to attend a Course of Six Infant Consultations, under the direction of Dr. G. Eric C. Pritchard, and in connection with these, opportunity will be afforded for students to follow up this instruction by visiting the infants in their homes.

A fee of £1 is will be charged for the course.

BOOK OF THE WEEK.

"THE LURE OF ISLAM."*

The object of this book, as its title suggests, is to demonstrate the danger and the fascination of the Moslem religion to the Christians, especially the Christian girls in South Africa.

In the very interesting and instructive "Author's Note" at the commencement, he points out that the term "Malay" has a purely religious significance and simply means "Moslem." He says of the domestic life of the Malay: "nothing is known to the white citizen and very little to the coloured man who lives next door. He admits Europeans to his house, even to his religious services—is indeed flattered by their presence—but to his confidence, never."

The story tells how a young and beautiful Christian girl—the daughter of an English father and a slightly coloured mother—comes under the spell of Islam.

To the dismay of her parents, she is courted by Muhammed Shafiq.

Her mother in the last stages of decline makes her pathetic appeal to the girl:

"Ida-Ida," the voice was a wail, "tell me the truth, your mummy. You was my little baby, my heartlamb, and no one will ever love you like I do. Ida, my own child, tell me, don't let me die in fear. Is it true you are going about with this Malay. He means to have you. He'll make you marry him and turn Malay. I know them—oh, I know them—and the good God have mercy on me and you."

"Ida knew there was something inexplicably dreadful in her mother's words, but a feeling more like curiosity than fear or horror stirred in her. 'Mother, tell me what you mean.' 'Ah,' she said, 'they're dreadful ways. A Christian that turns Malay goes down, down—you've only to see one a long time afterwards, and you know. How can

I tell you what it is—I never was one—but I've seen those that are and I'm frightened. They wasn't only bad, so *bad* but they was miserable too.' But in spite of her real love for her mother, and the entreaty of the good people at the Mission, she is unable to resist the fascination of her lover. He completes his wooing by the heavily drugged flowers which he offers her.

"She swayed, and he touched her, taking her by the elbow, 'Come,' he whispered. 'What have you done?' she answered, looking at him with dazed eyes, the dreadful sensation continuing. 'No,' he said still whispering, 'it is the *djinn* (evil spirit,) I must have you. But after we are married he will leave you. Come, and we will have the wedding quickly.' 'No,' as she recoiled. 'If you come not he will not leave you. He will stay by you—it will be bad.' Then in shuddering horror of the thing he said had entered into her, she followed him."

The terror of her disillusion when she realises that the indissolubility of her marriage which she had taken for granted, was but a slack thing which Muhammed's fingers, though not hers—hers had no power—could loosen when he chose, made the position a thousand times more dreadful. The way of escape, should he so choose, was not merely closed, it was non-existent. Back to the Christians. Great God in heaven, no! Ten million times no! She knew the reason why: "The shame of Christians that fall away is worse than any other I've been told" her mother had said, and now with shuddering heart she acknowledged the truth of her words."

A striking proof of her demoralisation is that in order to retain the favour of Muhammed, whom she hates, she consents to lure Betty, the Christian servant in a house near by, to share her own fate, and to become her own rival. The horror of the wedding and all that it means, gives her back in a measure her moral force, and after an unsuccessful appeal to the new bride to escape before it is too late, she herself flies back to the Christians, and dies in the house of old coloured Hetty when her child is born.

It is a heart-breaking, we doubt not a realistic, account of what is happening at the present day in South Africa, and those who care how the other half live, will have to pause and think. I. H.

COMING EVENTS.

January 27th.—Women's Local Government Society. Drawing Room Meeting at 16, Carlton House Terrace, by permission of the Lady Cowdray. Addresses on "The Care of the Mentally Defective under the Mental Deficiency Act, 1913" (Miss Evelyn Fox), and "Married Master and Matrons under the Poor Law" (Miss Lidgett, P.L.G.). 3 p.m.

January 29th.—Matrons' Council of Great Britain and Ireland. Annual Meeting, 434, Oxford Street, London, W. 4 p.m. Tea after the business meeting. Discussion, opened by Miss Mollitt, on "Women and their work during the War." 5 p.m.

* C. M. Prowse. Sampson Low, Marston & Co., London.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

PROFESSIONAL CONSCIENCE MUST ACT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—I see in your issue of last week that the British Red Cross Society recently attempted to terminate the engagement of their nurses serving in France, with option of re-engagement at half their original salary, in spite of a six months' contract under which they believed themselves to be legally protected; and further, that although for the moment this attempt failed, the Society has actually succeeded in reducing the salaries of nurses at home to £1 a week.

Beyond an extract in the *Evening Standard* of January 8th, I have seen no mention of this matter in the daily press, though of course there may have been such. Certainly there has been no public agitation on the subject. If, as may well be the case, the nurses are too busy and too tired to fight for themselves, cannot someone of influence in the medical world take up the cudgels on their behalf? Obviously it is not only to their own interest but to that of the general public that fully qualified nurses in charge of our wounded soldiers should be properly paid, justly treated, and protected by genuine contracts.

The public has recently subscribed enormous sums to the Red Cross Society, and in spite of their often deplorable indifference as to the way in which their money is expended, I can hardly suppose they would tolerate such meanness to brave and skilled women if the above facts were brought home to them.

Faithfully yours,

WINIFRED HOLIDAY.

[Trained nurses in England have as a body shown a deplorable lack of *esprit de corps* and have failed to co-operate for the uplift of their professional status. They are therefore the sport of any employer who chooses to treat them ungenerously. We hope injustice may arouse a sense of professional conscience throughout their ranks. No one can help a body of workers unless their own conscience inspires public-spirited action.—ED.]

A FALSE POSITION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I know several matrons who prefer the untrained V.A.D.'s, to trained nurses—so do the doctors. But it does not alter the fact that it is most unprofessional for a matron to place herself under the authority of a young untrained Commandant, or Lady Superintendent. The experience at Southend is by no means unique. I have refused to be placed in so false a position, and much regret so many of my colleagues have submitted so tamely to these wrong conditions.

RANK AND FILE.

THE BURDEN OF MATERNITY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Those who have worked as midwives among the poor and know how heavily the stress and strain of motherhood bears upon the working-class woman will be glad indeed to learn that at last there is some glimmering of light as to her importance in the body politic, and the necessity on national, if not humanitarian, grounds, for conserving her health.

At all times a large number of the working classes are underfed, not only because in some instances, no doubt, the women are bad managers, but also because the wages earned by the head of the family are not sufficient to provide the necessary amount of food to really satisfy the healthy appetites of a growing family. The person who suffers most is usually the wife and mother. She endeavours to feed her husband as well as her limited means will afford. Does not the well-being of the whole family depend on the conservation of his health? She cannot see her children hungry without trying to give them something, and so it too often happens that she stints herself, and goes short when it is of the utmost importance that her own strength and that of her unborn child should be maintained. It is not thus that hardy men, strong to defend the Empire, are bred.

If this war has the result of creating an increased appreciation of the value of the lives of the mothers of the nation, and of lightening the burden they bear so uncomplainingly; it will be a silver lining to the blackest war cloud which has ever darkened the world.

I am, yours faithfully,

CERT. MIDWIFE.

REPLIES TO CORRESPONDENTS.

Miss M. Barlow, Birmingham.—We should advise you to enter a hospital for the full term of training. Only those who have the skill gained by previous training and experience are qualified to nurse the sick and wounded.

Mrs. J., London.—Opium can no longer be obtained promiscuously from a chemist, but must be signed for and only supplied to persons of whose *bona-fides* the vendor is satisfied. Its pre-eminent influence is upon the brain. Children and old people bear it badly, and women are more susceptible to its action than men.

OUR PRIZE COMPETITION.

January 30th.—Mention the most delectable drinks for invalids, and how to make them.

February 7th.—What precautions would you take in the care of an enteric patient to protect yourself and others from infection?

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

The Midwife.

THE SCOPE OF THE MIDWIFE.

There are those who hold that the duty of the midwife is discharged when she has rendered skilled attention to the mother and child during the ten days following delivery, as required by the Central Midwives' Board; kept clear of puerperal infection, ophthalmia neonatorum, and all the pitfalls which beset the path of the midwife; and that, her duty performed, it matters little or nothing what kind of woman she may be when not in attendance on a patient.

In truth, to perform the duties required of a midwife by the Central Midwives' Board aright, requires considerable special knowledge, much more than can be acquired in the three months' training which is all which that Board exacts; those who have the education of midwives are unanimous in desiring that the length of training should be extended. The curriculum laid down will serve the purpose for some time; but it is impossible for the average intellect to retain all that it is expected to absorb in three months even though it can cram enough to pass muster at the time of the Board's examination. Six months later, numbers of the midwives who have been in practice since a given examination, would fail, if required to go up for a similar one.

But, assuming that the professional and practical knowledge of a midwife is adequate, there still remain many duties to be discharged by one who has an adequate conception of them, involving much trouble, much painstaking, which lift the work of a midwife out of dull routine to that of a profession with unlimited opportunities and influence. Indeed, the very future of the race and of the Empire depends to a greater extent than many realize on the standard which mid-

wives maintain; for the good health or the reverse of generations to come depend in numberless instances on the conception of motherhood which midwives set before their patients, in the days preceding maternity, and again in those in which the midwife reigns supreme, in the lying-in room, when the young mother is receptive of influence to a degree almost unprecedented in any other relations, in which the physical and moral training of the infant can be directed into right channels, and the mother eventually resume the work of life with her ideals ennobled; or, on the other hand, may have been encouraged by the midwife to

adopt habits which lead to unhappiness in the home, and undermine the health of the child.

The life of a midwife is hard and exacting, but it is satisfying if she can look back and see homes the happier, mothers with loftier ideals, and children the healthier for her work.

This is the goal which the best type of modern midwife keeps in view, and a knowledge of progress towards which sweetens toil, and makes her

strenuous duties seem light, in comparison with the supreme importance of the work accomplished for the national welfare.

A BABY'S CLOCK.

The illustration on this page shows a practical device by Miss May Lyle, a trained nurse, for indicating the time when a baby's feed is next due and the amount which should be given, and though intended primarily for babies, the clock can, of course, be used with equal facility in the care of adult patients. Miss Lyle, who was awarded the second prize of £1 is. at the Dublin Nursing Exhibition in June, 1913, has now patented her invention, and hopes shortly to put it upon the market.



CARDBOARD CLOCK. DESIGNED BY MISS MAY LYLE, INDICATING WHEN A BABY'S FEED IS NEXT DUE, AND THE AMOUNT TO BE GIVEN.

A BABY'S TRAINING.

Miss Cleone E. Hobbs, R.N., of Greenboro, N.C., in a paper read before the local association of nurses, and reported in the *American Journal of Nursing*, said in part:—

"Someone has said that the essentials for a happy life are health, work, and friends. Most of us have work and there are few who are totally without friends, but do we all have health?

What do you consider the first requisite for health? I would say knowledge. Mothers and fathers should know how to teach their children to live normally. It used to be said that "the hand that rocks the cradle rules the world," but we have learned that it is wrong to rock the cradle, and the wise mother will put brakes on it. We might change the saying to the one who trains the baby rules the world.

A baby's training begins as soon as it is born into the world. The three important points in training a baby or in nursing a sick baby—or a sick adult, for that matter—are cleanliness, quiet, and regularity. Any sensible person knows this.

What more discouraging picture can you call to mind than the first two or three days on a private case with a sick baby of two years, or two sick children; household disorganized, mother nervous, incompetent, noisy, prejudiced against the nurse; jealous if the baby shows any signs of coming over? Here a nurse has to bring all her powers of self-control, knowledge, and training.

Of the three points I have mentioned—cleanliness, quiet, regularity—I verily believe quiet is the most important. Certainly without quiet the other two cannot be attained. I believe noise is one of the curses of the age. How many of us could answer to King Lear's description of his daughter when he said "Her voice is sweet, gentle, and low, an excellent thing in woman"?

The nurse [and the midwife] has an excellent opportunity in the first month of an obstetrical case to lay the foundations of a child's education by training both mother and baby in regular habits and self-control. In saying this I do not mean to speak disparagingly of mothers, for there are many who study child culture and keep up with what is being learned, but, on the other hand, it is no sign that a woman is competent because she is a mother. There are many who spend more time and thought on their children's adornment than on their food or mentality. If a nurse is thrown with a mother like that it is her duty to teach

her. If the nurse has studied and read books on child nature by the great teachers, such as Froebel, Sequin, and Montessori, she will be able perhaps to present knowledge to her in a way that will not offend and that will leave her searching for more knowledge, and there will be opened to her new realms, where the feeding of a little child's body is a sacred rite, inasmuch as improper feeding may foster a weak and vicious mind.

We, as nurses, should appreciate the high place we occupy, and try to realize the opportunities we have to help make this a better world. Often mothers ask about their babies. That is your opportunity: when you are asked. When we volunteer advice, people are often in the wrong frame of mind to receive it, and many of us make ourselves obnoxious by giving advice at the wrong time. It makes us appear pedantic and conceited, and does harm rather than good. "Knowledge without goodness is dangerous." Nurses should have some idea of psychology as well as physiology.

Nurses should also know a great deal about foods. A graduate of five years said to me: "I never did know anything about cooking and housekeeping: I don't like it anyway." (She had not passed the State Examination.) I wanted to know how she managed about her patients' diet. "Oh!" she said, "My cases are generally typhoid, and I only have liquid diets to prepare." Do you wonder that we have many adverse criticisms about nurses?

QUEEN'S NURSES AND INSURED MATERNITY CASES.

At the quarterly meeting of the Committee of the Victoria Nursing Association, Brechin, N.B., a communication was read from the Scottish District Training Home pointing out that for many years the Queen's Nurses had given attendance gratis to maternity cases, but seeing that such cases were now provided for under the Insurance Act, it was felt that, while their nurses should still be allowed to attend them, a small charge should be made. The Committee agreed that patients wishing to employ a nurse should pay a sum of 2s. 6d. or more. This raises an important question in economics, as the midwife or maternity nurse working "on her own" could not earn a living wage on fees calculated at this scale, and the danger is that she may be undercut.

BELGIAN MOTHERHOOD.

Mr. A. Rowland Harris, of 10, Temple Avenue, E.C., in connection with his Refugee Belgian Mothers' Association is prepared to forward, entirely free of any cost, a complete baby outfit to any and every refugee Belgian expectant mother who may be in need thereof. Applications should be sent to 10, Temple Avenue, E.C.

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EDITORIAL.

THE AFTERMATH OF WAR.

One of the results of the war which will have to be faced in the near future is the employment of disabled soldiers. Already there are in this country a number of wounded Belgians who can never again serve with the colours for which they have fought so magnificently, and their future must be regarded as a trust by every able bodied person, whose life, and the lives of those dear to him, are the gift of those who have defended them from the onslaughts of a pitiless enemy.

There are to be seen in our streets pitiful examples of the ruthlessness of war. Writing in the press appealing for temporary homes for disabled Belgians, a correspondent says "Anyone who will be at the pains to convey these crippled men through London will be instantly struck by the looks of pity and sympathy cast upon them by both men and women all along the way.

"Policemen will hold up the traffic for them, stolid railway porters will help them along like brothers. Unable to speak our language, they yet use a common speech that instantly reaches all hearts; and the stiff right arm that has lost its office, the hand wanting its fingers, the paralysed shoulder, the bent back, the twisted foot that never will step out again, such are the syllables of dumb appeal."

Our sympathy goes out to these stricken men, but sympathy must not be allowed to effervesce, but be translated into action. Now, when their services and their injuries are so prominently before us, is the time to consider what should be done for these sufferers, lest in the future, when the war is a memory of the past, their needs should be forgotten. At the present moment there is ever vividly before us our debt to these brave Belgian soldiers, for we realize

vividly the devastation in Flanders and contrast it with the security we enjoy.

For our own disabled men, as has already been pointed out, adequate provision must be made by the country, adequate compensation it can never give them, but it can secure them and those dependent on them, from the menace of poverty. But this is not all, a man accustomed to the active life of a soldier will be ill content unless he has some occupation, and the problem is to give him some employment in which he can find interest, and an outlet for his activities.

This is also the aim of the Belgian Government, for already it is proposed by the authorities to establish semi-military camps for injured Belgian soldiers where, under a certain discipline they will learn trades, and fit themselves to take part, as useful citizens in the life of a newly restored Belgium. The "Wounded Allies Relief Committee" are appealing for help for this purpose, both in the form of houses standing in their own grounds, and of funds to furnish and maintain them, offers of which may be sent to M. Albert Vandervelde at the Grand Hotel, Northumberland Avenue, S.W.

There are many who will wish to have the honour of taking some share in "reviving the life of a newly restored Belgium," for all hearts overflow with gratitude to the country which has so gallantly fulfilled its pledges, at the cost of all, with the exception of its honour, that it holds most dear. That is crowned with an imperishable lustre, which, through all the ages, so long as time endures, will never fade.

The present is the moment when we should endeavour to make provision not only for the material needs of disabled sailors and soldiers, but by providing them with occupations to protect them from "the dire compulsion of unfertile days."

NERVES AND THE WAR.

By A. KNYVETT GORDON, M.B.Cantab.

When I was asked by the Editor to contribute something to this number of the JOURNAL it seemed to me that a few notes on the effect of the war on the nerves of those who have to stay at home—whether they like it or not—might be useful to nurses who are not at present dealing with the more direct results of the war in the shape of surgical injuries.

I will begin by comparing the body to an ordinary electric bell such as is found in most houses nowadays. That apparatus consists of the bell proper and the battery which supplies the energy by which the striker is actuated.

After the bell has been in use for some time it may be noticed that it rings but feebly; the note is of the same pitch, but it is not loud enough for practical purposes.

On examination it will be found that the striking apparatus is in *perfect order*; nothing is broken or damaged, but the battery has "run down," or lost its energy.

So it is with the human body. We have the machine itself, the mechanism of digestion, circulation, muscular movement, and so on, and the nervous energy which supplies the current which is constantly proceeding along the nerves backwards and forwards between the brain and all parts of the body.

So long as this supply of nervous energy is adequate everything works well. Most actions of the machine are automatic; that is to say, we do not have to think about them, or devote our will power to the task of ensuring that they are properly performed.

If, however, the supply is diminished, the body is still capable of doing its work after a fashion: the bell still rings, but everywhere there is tiredness and feebleness.

I lay stress on the "everywhere," for it is obvious that if the battery runs down, all parts of the machine which depend upon its current for their everyday actions must suffer.

Now, what are the agencies which cause the human battery to run down? It runs down either because it is not receiving a sufficient supply of food—out of which alone all bodily energy is primarily derived—or because the energy is being used up faster than it can be made from the food, even when the supply of the latter is adequate.

It is with the second reason that we have to deal just now. What, then, are the causes of too rapid using up of nervous energy?

Let us come back to our electric bell. The battery may fail either because it has not been

filled up for some time, or because it has been *upset*, and its contents spilled.

So it is with the human store of nerve force. It may be subjected to a constant and gradual drain, or there may be some sudden occurrence which plays havoc with the storehouse, so that all the energy it contains is suddenly dissipated. The nervous exhaustion that comes from constant worry and overwork is an example of the first, and the nerve-wrecking shock that results from a sudden bereavement, a severe fright, a bad bodily illness, or a grave surgical operation illustrates the latter.

So much for preliminaries. How does the war affect the nervous energy of the body? Well, I think it is clear enough. The worry, anxiety, either in those who fight or those who stay and work, the constant apprehension of bad news, whether it comes or not, even the very courage with which these are often so bravely borne, all these lay a heavy tax on the store of energy on which the brain depends for its task of guiding all parts of the body through their daily routine.

What are the symptoms of the gradual drain? Firstly, for the reason given above, they may affect all parts of the body, though not necessarily at the same time. Generally nervous exhaustion—or neurasthenia, as it is called—picks out at first the patient's weakest spot, but sooner or later all the systems of digestion, circulation, muscular work, and so on suffer. Consequently the complaints that are made by the patient are seldom confined for long to one particular organ. Pains, aches, morbid sensations, their name is legion, and their distribution worldwide.

But perhaps the most marked symptom is a mental one, and it is this. The *automatic ease* with which bodily functions are performed in health is replaced by *painful solicitude*. The will is brought to bear on actions for which it is not wanted. It is just as if the managing director of a large shop were to leave his office and run about from counter to counter selling pennyworths of goods because he cannot trust his subordinates to do it *without consulting him*. The brain is changed from a thinking director into a fussy drudge.

Examples of this are common enough. The neurasthenic will spend hours of anxious thought in trying to decide whether to have his luncheon at one o'clock or at one-thirty, and he will be convinced that grave reasons of state are concerned on either side of the argument.

The trouble of this is that the use of the brain for automatic or almost automatic actions is a further drain on the already exhausted nervous

energy, for the higher parts of the brain use up more "current" when they work than the lower parts, to which the drudgery of everyday actions normally falls.

Every part of the body suffers, but the most serious thing is that when the appetite and digestion fail, as they almost always do from time to time, there is a hindrance to the supply of food, from which alone the energy can be recuperated. So we have a "vicious circle"—like a dog running round and round after its own tail till he falls dizzy and exhausted.

What are we—nurses as well as doctors—to do for these people, whose number is increasing by leaps and bounds from the stress of war and its recoil on the civilian population?

Firstly, we want to *prevent*, if possible, by allaying panic, comforting the bereaved, heartening up the anxious, perhaps gently laughing first at and then with them. Many of them will fly to stimulants, and we must recognise that they do this because of the temporary *anæsthesia* which these induce. But who would think, for instance, of attempting to *cure* a toothache by inhaling chloroform? Everybody knows that the pain will return when the effects of the anæsthetic have passed off, accompanied this time by the sickness and headache from the anæsthetic and by the lessening of moral courage that the flying to the drug has perforce induced. Everything ought to be done to stop the increased drinking, especially the secret drinking amongst unhappy women that this war has already given rise to. For the neurasthenic, alcoholic excess spells ruin—physical, mental, and moral.

Another way in which we can all help is by diverting people's thoughts from dwelling unduly on the incidents of the war. Here the press is largely to blame, and it is nowadays evident that any educational value which a newspaper has or ought to have is in danger of being swamped by the primary endeavour of the management to sell as many copies as possible. Similarly, we should go to theatres and music halls to be amused, not to have "patriotic" ballads bawled into our ears. As if our patriotism depended for its existence on the stimulus of the footlights! All these things spell danger of neurasthenia.

But what are the essentials of treatment when the disease is already established? Obviously, first and foremost comes plenty of nourishing food. Now on this point there is some misconception which, I am sorry to say, is not confined to the laity. In the dietary some form of *fat* is essential, if only because the nerve cells of the body are largely composed of

fat themselves. But it must be digestible, so it does not do to flood the stomach with nauseous preparations of cod liver oil, for instance. It may be necessary to supplement the fat contained in an ordinary diet by some preparation, such as Viole, where the fat is derived from eggs and bone marrow. The use of concentrated proteid preparations reinforced with chemical tonics is not a substitute for the necessary fat, and is often very harmful.

If the digestion is weak, some form of gastric tonic is often temporarily useful, but it should not be continued when the patient is able to take and digest food.

The next essential is rest—and this is just what the neurasthenic usually objects to. In his diseased fussiness he thinks himself indispensable, and worries about the welfare of those dependent on him, whereas this can often only be ultimately assured by his resting for a time; otherwise he will fall into the mental night when no man can work.

For patients who are well off, a rest cure in a nursing home is often useful, but this is not within the reach of all, and it is better to have a tactful nurse in the patient's own home for a fortnight at the onset than to be forced to adopt the more drastic seclusion later on. It is important to realise that in neurasthenia, working one set of organs does not help the fatigue of another set. For a man broken down temporarily with mental work or business worries to walk twenty miles a day over hill and dale is to court further disaster. Nor must he be too much alone: his own thoughts are often the worst things for him.

Often he cannot sleep. At first we may have to help him with sedatives, but he should never know what he is taking nor have access to the drug himself. I wonder how many overworked or worried people have been turned into mental and moral wrecks by the abominable tablet pharmacy of the advertising druggist! Every responsible physician uses sedatives for a definite purpose only, and never as a routine practice. Much harm is also done by the indiscriminate swallowing of tablets of such drugs as aspirin, for instance, which anyone can purchase unhindered by the handful.

I have not, of course, attempted to go into the subject of neurasthenia at all deeply, as any nurse, who feels inclined can read up the details for herself in a text-book of medicine.

I have tried briefly to indicate the general lines on which we should approach the subject with a view of lessening, as far as we can, the effects of the war in this respect on those who have to stay at home.

OUR PRIZE COMPETITION.

MENTION THE MOST DELECTABLE DRINKS FOR INVALIDS, AND HOW TO MAKE THEM.

We have pleasure in awarding the prize this week to Miss Dora Vine, Eversley, Exmouth.

PRIZE PAPER.

To take the subject of invalid drink in its simplest form, that is, to know what to give to a patient who is thirsty, and yet restricted to certain quantities and qualities, one must begin with water and ice.

These most ordinary invalid drinks can be made delectable or otherwise by the care and sense of the nurse. For instance, a patient who is suffering from thirst after an operation, and is only allowed an ounce of albumen water, or sips of water, will feel as thirsty as before, and mentally sore, if his drink is given him in an ordinary tumbler—whereas, if it is brought up on a tray with a dainty doyley, in a wine glass or liqueur glass, he gets the subconscious impression of having something tangible—a great relief from his thirst, and he will empty his tiny glass and perhaps sleep. So with ice. It should be daintily served, and if the doctor allows it, just a squeeze of lemon will make a pleasing change. To proceed to more convalescent stages:—

Imperial Drink is a general favourite with hospital and private patients. It is simply and quickly made with the following ingredients: Cream of tartar, 1 teaspoonful; lemon juice, 1 teaspoonful; castor sugar, 1 heaped teaspoon, or to taste; water, to 1 pint.

Here the nurse's personality can make all the difference to her patient. She should find out whether he likes a sweet concoction, or "something with a nip." When eggs and milk must be taken in appreciable quantities, nurse again has scope for originality. I remember having charge of a ward for tuberculosis patients. All were on eggs and milk, and had got tired of the usual "egg flip" and other hospital ways of administering the milk and eggs they had got to dislike. I thought one day of "pooling" the eggs—that is—I separated all the whites and the yolks, beat the whites to "snow" with a whisk, then boiled the milk, stirred in the yolks, and filled up each glass, adding to each a share of the "snow" with a little castor sugar on the top. The men enjoyed this, and I soon got to discover ways of varying this method, flavouring with cocoa, coffee (brandy in special cases). The nurse with an original mind will soon find plenty of variations!

Albumen water is made by adding the white of one egg to half a pint of water, or as much as is ordered in any particular case. The white of the egg must be cut with a sharp knife—not beaten in the ordinary way. Albumen water is a tasteless drink, but is still welcomed by the thirsty sufferer if daintily served.

Milk and Lime Water (a tablespoonful of lime water to a tumbler of milk) is also more welcome than delectable to a thirsty one.

Milk can be made palatable if only care is taken. Most patients begin by saying they cannot touch milk, but with care they can be induced to take it and like it. Here again the nurse should consult individual taste as far as possible. Does the patient like a hot or cold drink? Sweet or not? Naturally a glass of cold milk is not welcome to one who likes to drink it really hot and well sweetened. Here again vanilla, a bay leaf, an egg, nutmeg, cinnamon, a small piece of chocolate, a taste of good coffee, will make even a confirmed milk hater change his mind. Milk must be served carefully, however—in a glass for preference—and just the amount the patient may take should be brought in. A glass of milk to be given as a soporific at night should be given even more care. The glass should be warmed, the milk must boil, and it must be given just at the psychological moment, when the patient is in bed and ready for sleep.

Bovril, Oxo, and Lemco can be given hot or cold. The addition of soda water is a change. Lemonade with a little ginger is also welcome to some folk.

Black currant tea (jam in hot water) is a godsend, hot or cold, to patients suffering from cold and sore throat. *Cold*, it is an excellent thing to sip during the night.

A tasty "Cold Preventive" can be made by adding a teaspoonful (or more) of honey to a tumbler of boiling milk. It does not taste as sickly as it sounds, and is really an excellent "night cap."

Really delectable drinks can be described *ad infinitum*, but I think as much depends on the serving and surroundings as the drink itself!

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. M. G. Bielby, Miss E. M. Streeter, Miss F. Sheppard, Miss J. G. Gilchrist, Miss M. Robinson, Miss McCarthy, Miss B. James, Miss H. M. Springbett, Miss D. Maton.

QUESTION FOR NEXT WEEK

What precautions would you take in the care of an enteric patient to protect yourself and others from infection?

THE JAPAN RED CROSS RELIEF CORPS TO GREAT BRITAIN.

The arrival of a contingent of surgeons and nurses in London on Friday in last week, from far Japan, to assist in the care of our sick and wounded, is proof not only of the warm desire of the Japanese Red Cross Society to help its allies, but also of the solidarity of trained nurses throughout the world, through the International Council of Nurses, of which Council Miss Take Hagiwara, President of the Nurses' Department of the Imperial Red Cross

Surgeon, who saw active service in the Russo-Japanese War before Port Arthur, Dr. Tsuneyoshi Oshima, Assistant Surgeon, Mr. M. Kuwabara, business manager, and Mr. N. Otsuka, Interpreter; and the Nursing Staff, which includes Miss Y. Yamamoto (1st Head Nurse), Miss S. Kiyooka (2nd Head Nurse), Mrs. M. Hiroso, Mrs. T. Murata, Miss H. Matsuzono, Miss K. Kasai, Miss Y. Katsuta, Miss E. Nishiyama, Miss T. Kondo, Miss K. Matsuda, Miss H. Hisayasu, Miss M. Ono, Miss O. Kotaki, Miss K. Ogasawara, Miss S. Miyabara, Miss M. Kasama and Miss Kamijyo.



MR. N. OTSUKA, Interpreter, MISS S. KIYOOKA, 2nd Head Nurse,

DR. T. OSHIMA, Assistant Surgeon,

MISS Y. YAMAMOTO, 1st Head Nurse, DR. SUZUKI, Chief Surgeon, MR. M. KUWABARA, Business Manager,

MEMBERS OF THE JAPAN RED CROSS RELIEF CORPS TO GREAT BRITAIN

Society of Japan, is a Vice-President. It is only a little more than two years ago that she visited this country, after the Congress of the International Council of Nurses at Cologne, when she was accompanied by Miss Yao Yamamoto and Mrs. Watatani, fraternal delegates to the Congress, the former of whom is in charge of the nurses of the Japan Red Cross Relief Corps, and is thus well known to the officers of the National Council of Trained Nurses of Great Britain and Ireland.

The party consists of Dr. Jiro Suzuki, Chief

The party travelled from Japan to San Francisco, and thence to New York, where, in their brief stay, they saw several of the American hospitals, and thence to Liverpool by the White Star liner "Megantic." In the Pacific no influence of the war affected them, but crossing the Atlantic no lights were allowed on deck, and all the portholes were screened. At Liverpool they were received by Surgeon-General Sir Benjamin Franklin, K.C.I.E., who was accompanied by Mr. Kissi, of the Japanese Embassy, on behalf of the British Red Cross

Society, and at Euston they were met by Lord Onslow, Chairman of the Committee charged by the British Red Cross Society with their reception, and Mr. H. Bonar, recently the British Consul General at Seoul, who welcomed the party in Lord Kitchener's name, and expressed the warm appreciation of the Secretary of State for War of their valuable help.

Both Miss Yamamoto and Miss Kiyooka give evidence of their distinction in the nursing world of Japan in the numerous medals they wear. On the right side of their neat blue uniforms is worn the badge of the Red Cross Society of Japan, and on the left Miss Yamamoto wears, amongst others, medals awarded her for service in the war between Japan and China, the war with Russia, and in the Boxer trouble in 1900, in which a medal was awarded her not only by the Japanese, but by the French authorities.

The Japanese Red Cross Society has two divisions, Voluntary Nurses, including members of the Imperial family, and wives and daughters of the highest dignitaries in the country, and the Relief Nurses.

The Relief Nurses are specially trained, in accordance with regulations authorized by the Army and Navy, for service in time of war, at the main hospital at Tokyo, of which Miss Hagiwara is Matron, or in provinces where no Red Cross Hospitals exist, under special conditions in civil hospitals. They are also sent from time to time to military and naval hospitals to be instructed in matters connected with the medical organization of the Army and Navy. The training is for a term of three years, admission to the Relief *personnel* being restricted to those with an adequate amount of general education. After graduation the nurses are bound by a solemn oath to remain faithful to the principles, and respond to the calls of the Society at any time during a period of fifteen years, reckoned from the date of graduation. During their training the probationers receive as "side studies" instruction in nursing ethics, in the rules of saluting, and other etiquette of the Relief Corps, in the grades and denominations of military and naval officers and their uniforms, in international treaties concerning Red Cross work, in the history and organization of the Japanese Red Cross Society, and the organization of its relief work in time of war. A high standard of discipline is enjoined and maintained.

In the Moral Counsel given to the Japanese Red Cross Nurses they are taught that the soldiers who "undergo hardships and privations in order to sacrifice themselves loyally and faithfully to the cause of the Emperor, are

the iron fortresses of the realm. The rôle of the Red Cross nurses being to nurse and alleviate the sufferings of these soldiers when sick or wounded, they serve the State indirectly by giving relief to the patients directly; and should they perform this work well, with benevolence (towards the patients) and loyalty (to the State), we may say that they are as meritorious as the soldiers themselves moving about in the battle-fields under the shower of shells and bullets. It is a matter of great honour for a woman to be able to take part in service in time of war, and only those that follow in ordinary times the counsel as set forth in the above paragraphs (the Moral Counsel to the Red Cross Nurses) will be able to keep this honour intact. Hence it is that over and above the technical studies a behaviour in good conformity with the moral ideal is necessary."

It is to the distinguished Surgeon-General of the Medical Service of the Japanese Army, Baron T. Ishiguro, that the Japanese Red Cross Nurses owe their right to go on active service, for, in spite of opposition, he insisted on their employment in the wars in which Japan has of recent years been engaged, with what beneficial results all the world knows.

He it was, also, who shortly after Miss Nightingale's death, instituted a Nightingale Medal as a reward of merit for Red Cross nurses in Japan. No nurse is eligible for it until, in addition to holding a three years' certificate of training, she has been a Sister for two years. The award of the medal rests with the lay head of the hospital, the principal medical officer, and the Matron.

Everyone who has met the charming members of the Red Cross Relief Corps sent by Japan to this country must be impressed by their professional dignity and personal charm, and will realize that the honour of the nursing profession is in safe keeping in their hands.

Members of the party have been received at the War Office, and also by the Japanese Ambassador. They have visited King's College Hospital, and on Monday evening the unit went to the Drury Lane Pantomime, with which they were delighted.

On Saturday they hope to take up work in the Red Cross Hospital at Netley. "We are," says Miss Yamamoto, "very pleased to be going to nurse the British soldiers, and hope we shall be useful."

When passing through New York the Japanese nurses received a much-appreciated visit from Miss L. L. Dock.

Our illustration, with which we are indebted to Miss Yamamoto, was taken in Honolulu.

NURSING AND THE WAR.

We are asked by Miss Alice Claridge to say that during the time she acted as Matron-in-Chief at St. John's Gate, E.C., in connection with the St. John Ambulance Association, her work was concerned with the organization of the Foreign Service and Trained Nurses' Department—a new Department developed on the outbreak of war in consequence of the demands made upon the Association for trained nurses.

Miss Claridge had nothing to do with the organization of the Voluntary Aid Detachments, a quite distinct work on the part of the Association. Her interest lay in the selection and despatch of

expressing warm appreciation of the skill and kindness of our Army Nurses.

Miss M. S. Campbell, for many years matron at St. Vincent's Hospital, Dublin, but who is now resident in London, left recently for Cherbourg, where, through the generosity of the Dowager Marchioness of Bute and some of her friends, a hospital is being organised for the care of the wounded. Miss Campbell was accompanied by a number of nurses who will act under her, these including four trained in St. Vincent's—Miss Kathleen Corcoran, Miss K. O'Shea, Miss Sarah Barry, and Miss Lawless. Miss Lawless and Miss O'Shea have already had experience of the present



MISS IRVINE ROBERTSON, Sister-in-Charge. MRS. DICKINSON, BERRY, M.D. MR. JAMES BERRY, F.R.C.S. MISS D. CHICK, M.R.C.S. House Surgeon.
HOSPITAL UNIT EN ROUTE FOR SERBIA AT PADDINGTON STATION.

thoroughly trained nurses to hospitals at home and abroad.

Five thousand bottles of Luce's "All British" (Isle of Jersey) Eau de Cologne have been presented by the directors, and accepted by Lady Gifford on behalf of the British Red Cross Society, for the nurses at the Front. Supplies of this Eau de Cologne are also being sent for use in the general hospitals.

Many letters are appearing in the press from soldiers who have been in military hospitals, all

War, the former having been in Antwerp at the time of the bombardment, while Miss O'Shea was nursing in one of the ambulances in Brussels at the time of its occupation by the Germans.

Sister Hughes and Nurse Ruck, of the Leeds General Infirmary, and Nurse Hewitt, of the Halifax Infirmary, left Leeds for France recently for service at the front.

For some weeks past enteric has had a grip of the French and Belgian soldiers at the front, and great suffering has resulted from a lack of a sufficient

supply of trained nurses. Now these cases are being drafted in great numbers to the base hospitals in France, and nurses working in French hospitals can no longer complain that they have nothing to do. We fear this terrible disease has got a bad hold of the troops of our Allies, and we are thankful to know that an increasing number of English nurses are now engaged battling with its ravages, both at the front and at the base.

In addition to the units of the French Flag-Nursing Corps, composed of about eighteen nurses, sent to Dunkirk and elsewhere recently to nurse French soldiers suffering from enteric fever, we learn that Miss Edith Gregory (Bart.'s League), is there, battling almost single-handed in a hospital containing several hundred beds with an overwhelming number of these sufferers. Arrangements are most primitive—the poor patients having to get up themselves, and wrap their cold pack sheets around their burning bodies. How is it that such conditions can be? Surely our funds for sick and wounded are sufficiently munificent to have spared the cost of fifty English nurses to help combat this epidemic of enteric amongst the French troops. Action, we are glad to learn, is now being taken by the Friends Ambulance Unit to start a Fever Hospital at Dunkirk; and we hear it is probable that Miss Minnie Drakard, the experienced Matron of the Plaistow Fever Hospital, will be in charge of the nursing department. Nothing could be better.

From Lisieux we learn that the nurses are so busy night and day that they do not feel justified in taking time off duty. The night nursing, though specially valuable, is very arduous and the nurses take a fortnight's spell only at a time.

Some of the very best work done by members of the R.N.S. in France has fallen to the lot of Sister Bow and Sister Gramshaw, who have been engaged for sixteen weeks at Deauville. The former has charge of the Villa for enterics, and by careful nursing has saved many lives, and the latter has charge of the Salle d'opérations at the Casino. Both Sisters, who were given ten weeks' leave for nursing in France, should have returned long ago, but the Mayor of Deauville, and the four medical officers with whom they work, have all written to the office petitioning that the invaluable services of the Sisters may be retained for the French soldiers. Under these circumstances who could have the heart to withdraw them? We know how few comparatively really efficient English nurses have been able to take service in France. We believe by the time the War is over the skilled services of our thoroughly trained nurses will have done an immense amount to produce confidence and solidarity between the Allies. The soldiers themselves are very keen on having trained nurses attend them, and well know the difference between skilled and unskilled handling.

We are glad to get a letter from a nurse near the front who says, "we have not much inconvenience to put up with as this hospital is very well equipped," but she advises nurses to bring out stout rubber boots, as most of the nurses attached to hospitals live and sleep some way from them, and going to and fro to meals and sleep it is very necessary to be very warmly clad, and to keep the feet very dry. "It is our duty to keep well—and to be careful what one eats and not to get chills makes all the difference. Several nurses have suffered much from dysentery, but they are usually those who won't wear rubbers, and who will eat what they like, instead of what is good for them. Perhaps you will give this hint through THE BRITISH JOURNAL OF NURSING, as it is most eagerly awaited and read every week. The patients love to see the photographs of nurses and patients together. They are so wonderfully patient and deeply grateful for our care. It is quite pathetic to hear them in the night, when one is rather run off one's feet, say as one passes their beds: "*If you can spare time,*" and "*When you've settled the other Johnnies,*" and "*Don't worry about me, I can wait,*" &c. All the same how like children they are—these splendid wonderful creatures. Really one must be very impartial in one's attentions—especially about wounds. When I first came out here, I tried to buoy the really badly wounded men up by making light of their injuries. Sister was much amused: "They may call these ghastly gashes *scratches*, it is their little way," she said; "but don't you venture to do so. These men have risked their lives for us. You are to treat every wound with veneration."

We wonder if the Censor "snipped" less, and more of the truth was told, if it would not be better. If we at home really knew the truth would it not be impossible for hearty young chaps to remain, doing clerical work in Government and other offices, tapping typewriters, and doing much other work their fathers and sisters could do quite as well. A nurse writes: "It is pitiful to hear what the poor Tommies endure. One man told me to-day he saw two men bogged in the mud in the trenches and no one could get them out. Up to their knees in mud, and to the waists in water, he said they just fell over in the water and were drowned. A few days ago we get a lot of men in with frost-bitten feet, and they told us that many of the men were missing. They were leaving their trenches at night under cover of the dark only 75 or 80 yards from the Germans, and many of them could not walk and lay down on the ground crying with helplessness. He said they would crawl into deserted barns and huts, but the Germans were shelling these houses, and many would be killed and die of cold. Another Tommy told me he had seen fifteen Indians hung up in the barbed wire—they had been scrambling over, and wounded, and no one could rescue them as the fire was so heavy. They hung there a week and some of them were living at the end of it. You can imagine how all this makes

our men eager to get at real grips with the Germans."

Please, reader, show this little paragraph to any young men you may meet who are content to remain at home quill driving, tapping typewriters, shop walking, selling ribbons and stockings to women over the counter, and doing a hundred other fooling things, which their fathers and sisters could do equally well. If they could realise the suffering of the few, to save the comfort of the many, they surely would not remain in the ranks of the ignoble. Imagine if regiments of Amazons might be recruited, the thousands of ardent women who would flock to the colours.

Miss S. E. S. Mair, Edinburgh, writes:—"Scottish people will be glad to know that the Scottish Women's Hospital for Foreign Service has also sent a complete unit and equipment to Serbia. On December 12th this party consisting of four doctors and one X-Ray expert (with full X-Ray outfit), ten nurses, six dressers, a matron, two orderlies, clerk, and two wardmaids, set out for Malta in an Admiralty transport, the services of the unit having been most gratefully accepted by the Serbian Government. With it was an equipment valued at £3,000, including ample supplies of drugs, surgical instruments and dressings, and X-Ray apparatus. On arrival at Salonika the unit learned that its destination was to be Kraguevatz, and on reaching there it was at once given a hospital containing 250 wounded. Since January 6th it has been hard at work. Kraguevatz is situated about fifty miles south of Belgrade, and has the distinction of being Serbia's first capital when the little State struggled into a semi-free existence one hundred years ago, though still a vassal of Turkey. It is a primitive place, where oxen teams still go through the streets, and where it is hard to procure at this moment even the ordinary necessities of clothing, so that the extensive equipment taken out by the Scottish Women's Hospital will be of infinite value.

"The Serbian Government has undertaken to maintain this hospital, but, as the resources of the country have for long been very heavily taxed, any donations towards its upkeep will be very gratefully received by the hon. secretary, Dr. Elsie Inglis, 2, St. Andrew Square, Edinburgh; or by the hon. treasurer, Mrs. Laurie, Red House, Greenock."

We hear the saddest reports of suffering of the Serbian people—starvation and sickness—and the most urgent need of the necessities of life, especially warm clothing. Conditions from dirt and disease are most unhealthy. Several English nurses who have been working there but a few weeks have quite broken down and are being sent home. Others are eagerly offering their services to carry on the good work. A group showing some of the nurses who left last week with Mr. James Berry, F.R.C.S., appears on page 87.

It is announced from Ottawa that the Department of Militia has selected seventy nurses and

two matrons, as requested by the War Office, from two hundred volunteers for the Overseas Hospital Service with the Canadian troops on active service.

Miss Margaret Macdonald, Matron-in-Chief of the Nurses of the Canadian Expeditionary Force, writes us that the statement which appears in the *Canadian Nurse* that the Secretary of the Canadian National Association of Trained Nurses "had charge of the enrolment of the nurses," is a mistake, as Miss Gunn has no connection with the Canadian Army Medical Corps Nursing Service. The Canadian National Patriotic Fund now amounts to £700,000.

JOINT WAR COMMITTEE.

HOME HOSPITALS.

The following nurses have been sent to Home Hospitals during the past week:—

Leveston Manor, Sherborne, Dorset.—Miss I. Dibblin.

Lund Wood Hospital, Barnsley.—Miss S. A. Wambill.

Ricketts Hall, Hull.—Miss J. H. Spiers.

Dove Cliff, Burton-on-Trent.—Miss de L. H. Gruchy.

Newton Park, nr. Bristol.—Miss B. Serger.

Ringwood, Hants.—Miss E. Powdrell.

Bignor Park, Pulborough.—Miss A. Read.

Yarrow Hospital, Broadstairs.—Miss S. L. Mitchell.

V.A.D. Hospital St. George's Hall, Brondesbury.—Miss A. Doughty.

Langston Towers, Havant.—Miss Woodmansy.

Beaucroft Hospital, Wimborne, Dorset.—Miss M. C. Parminter.

Trinity Hall, Sittingbourne.—Miss E. A. Lee.

2nd Field Ambulance, Colchester.—Miss E. Fyson.

Purbeste House, Fareham.—Miss M. Talbot.

Dane John Hospital, Canterbury.—Miss E. Power.

Cyngfield Hospital, Kingsfield, Shrewsbury.—Miss E. Barclay Thomas.

Rushmore Hall, Salisbury.—Miss R. W. M. Sorrell.

Newnham Park, Oxford.—Mrs. Alexander.

Hayes End, Hillingdon.—Miss E. M. Smith.

Allerton Beeches, Liverpool.—Miss E. Bly.

Clevedon Red Cross Hospital, Somerset.—Miss Eskill.

King Hospital, Wakefield.—Miss L. E. Hughes.

Wingfield Park, Ambergate.—Mrs. O'Brian.

V.A.D. Hospital, Horncastle.—Miss M. Morton.

Red Cross Hospital, Hethersage, Derby.—Miss H. M. Cann.

V.A.D. Hospital, Northwood.—Miss A. Minshull.

Red Cross Hospital, Northlands, Emsworth.—Miss M. H. Johnston.

The Serbian Unit of which Miss Callwell is Matron, left Victoria on Monday last to join the *Erin* at Marseilles.

It is still uncertain when Lady Wimborne's party will leave.

FRENCH FLAG NURSING CORPS.

A few months' residence in France has greatly added to the usefulness of many of the members of the Corps, and thirteen members have been transferred by the Authorities from the Rouen region to the War zone to nurse fever, in addition to Misses Colchester, Lear, Ripley, Todd and Finlow, who are busy at Dunkirk.

Miss Conway Gordon has taken Misses Richards, Macauley and Willetts to Pont à Binson (Marne). Miss B. Workman has taken Misses Hall, Shankland, Welford and Robertson, the Bart.'s unit, to Château Thierry, and Miss Hanning, with Misses Roberts, Eaddy and Cooke, has gone to Verneint.

Thirteen nurses have been requisitioned to replace them. Those speaking French are preferred.

Thirty-four nurses are required for the Talence Hospital, and the following eight nurses held up owing to the boat not sailing, left London for Bordeaux on Tuesday, the 26th inst.: Miss C. K. Knox, Miss C. McKay, Miss E. G. Saunders, Miss Aldis, Miss G. Hutchinson, Miss I. Dodds, Miss Patrick and Miss Carroll.

FROM A FIELD HOSPITAL NEAR THE FRONT.

"The rockets make rather a lovely noise as they come. When you take a walk in the town to do a little shopping, a polite shop-keeper very often asks you if you would care to come in for a little, to shelter from the shells—as if they were an April shower!"

HUMANITY RECOGNISED BY THE KING.

By special desire of the King, the following have been enrolled as Honorary Associates of the Order of the Hospital of St. John of Jerusalem in England in recognition of distinguished services and of great humanity shown by them, in rescuing and nursing a wounded British officer on the borders of the Commune of Béthisy St. Pierre, Department of Oise, on September 1st:—

L'Abbé Ernest Pierre Marie Louis Bézard, Supérieur des Missionnaires diocésains de Beauvais à Béthisy-St.-Pierre, Oise.

Le Docteur Edmond Lagelouze, Docteur en médecine de la Faculté de Paris, Béthisy-St.-Pierre, Oise.

Sœur Benoît, née Laurent Marie Clotilde, Religieuse des Ecoles Chrétiennes de la Miséricorde, Béthisy-St.-Pierre, Oise.

Mademoiselle Juliette Caron, Béthisy-St.-Pierre, Oise.

THE PASSING BELL.

We greatly regret to record the death, at the Hertford British Hospital, Paris, of Sister Craggs, who went out under the British Red Cross Society to work in the hospital at the Hotel Astoria, Paris. Miss Craggs was trained at the Hertford British Hospital, and was moved there when taken ill with the intestinal trouble to which she unhappily succumbed on the 20th inst.

WHO IS RESPONSIBLE?

An admirable article, entitled "Who is Responsible," by Hilda Thompson, appears in the *Clarion* of January 22nd. The writer has recently passed the Home Nursing and First Aid Examinations of the St. John Ambulance Association, and states "I am entitled to be enrolled as a member of our local corps to nurse wounded soldiers and sailors."

"If I were a certain sort of person I should swank now. If I were a certain sort of person, I should immediately order the badge and uniform we were told we were entitled to wear, and should proceed to air my own importance. If I were a certain sort of person, I should not now be writing this article, which will denude me of all my new-found glory."

The writer within the last five years has spent twelve weeks in a nursing home; and has had an abdominal operation, and an operation on her foot. She writes:—

"I have lain a fortnight, unable to move anything but hands and arms, and have been absolutely dependent for everything upon the trained nurse. Therefore, it stands to reason, I have some inside practical knowledge of these matters, and how things should be done by a trained woman. My wounds required but little attention, but I am dead sure I could not trust many of my co-workers in First Aid or Home Nursing to so much as lay a finger on either of them, nor allow them to attempt to lift me while lifting was a serious matter. In the death scene of Nelson in Hardy's play of 'The Dynasts,' at the Kingsway Theatre, Nelson asks Hardy to kiss him. On the night of my visit, the actor leaned across the dying and wounded man, and to support himself, placed his hand right on the top of the bleeding wound! That is precisely the sort of thing these half-baked amateurs might be expected to do. Now I submit that it is a shame and a scandal that women so inadequately trained, and with such surface knowledge as these, should be permitted to nurse wounded men. . . . Trained women ought to have all the work now being undertaken by insufficiently trained and often flighty girls and women. The trained nurse ought to hold the field to-day, and there are any number of them only too ready and willing to do their duty."

"It is monstrous that the British War Office refuses to accept their aid, denies that such aid is needed, when giving official recognition to titled and influential untrained women, allowing them to do work, both at home and abroad, which they are totally unqualified to perform. The zeal of these women may be praiseworthy, but, great heavens! what does it cost the helpless sufferers?"

"Who is responsible? Lord Kitchener is understood to say he is not. Who, then, is responsible?"

The paper also contains an admirable letter from Miss Beatrice Kent on the same subject.

THE CARE OF THE SICK AND WOUNDED.

Sir Frederick Treves, presiding at the second Chadwick lecture on "War and Disease," given by Dr. F. M. Sandwith last week, emphasised the protection afforded to the soldiers in the present Expeditionary Force by inoculation against typhoid fever. The result, he said, had been perfectly astonishing. Since the war began there had been in the British Expeditionary Force only 212 cases of typhoid. Of these 201 were un-

as a preliminary, so that they will not be detained, should their services be accepted, by having to undergo this treatment.

The Research Defence Society, 21, Ludbrooke Square, W., has published a leaflet (Form D5), which can be obtained free of charge from the Honorary Secretary at the above address, on "Protection against Typhoid Fever," showing the protective influence of inoculation, and also emphasising the fact that this treatment, first discovered and used by Sir Almroth Wright in 1896, cannot give typhoid fever, as only living germs



DR. CLEMOW.

HOSPITAL WORKERS FOR MONTENEGRO.

protected men, 173 had not been inoculated at all, while 28 had received either one inoculation or had not been inoculated for a period of over two years. Of the 212 only 11 men had been inoculated. Amongst these 212 patients there were 22 deaths. All were in the cases of non-inoculated men. Not a single man had died of typhoid fever in the British Expeditionary Force who had been inoculated. These facts speak for themselves. Trained nurses who are thinking of offering for service with the sick and wounded should be both vaccinated, and inoculated against typhoid fever

can do that, and all these germs are destroyed in the preparation of the protective treatment applied, only the toxin which they produce being left, but the toxin can and does enable the blood of the person treated to form anti-toxin, and this anti-toxin can and does protect against typhoid fever. Some striking statistics in proof of this are given in the leaflet referred to.

The accompanying illustration is of Dr. Clemow, and the party of hospital workers for Montenegro, who left London last week to help the wounded

soldiers and take succour to the people who are in most urgent need.

Since our last issue His Majesty the King has visited the sick and wounded soldiers at University College Hospital, London, Queen Alexandra and Princess Victoria have paid the wounded a visit at Charing Cross Hospital, and Princess Henry of Battenberg has been to Northwood House Red Cross Hospital, Cowes, and also to the Convalescent Home for Officers at Osborne House, Isle of Wight.

At the Court of Governors of St. Thomas's Hospital the Treasurer reported that since the opening of the wards they had treated 941 soldiers from the Front, the hospital bearing all expenses. Of this number exactly 100 were officers. The Treasurer further reported the receipt of valuable gifts of foodstuffs from various friends of the Hospital.

Speaking of voluntary hospitals in Norfolk to which sick and wounded soldiers were drafted from the Norfolk and Norwich Hospital, Mr. C. S. Tomes, the Vice-chairman of the Board, said recently that somewhere between 700 and 800 beds were offered at present, and in the last three weeks 116 patients had been sent to them. Out of the total number of beds offered not more than a third were used, or likely to be used. The consequence was that amongst those interested in these convalescent homes there was a great scramble for patients, and it was a difficult matter to distribute on any very definite system those who were fit to be sent to them.

As we go to press historic apartments at Dublin Castle are being opened by the Lord Lieutenant as a hospital of 300 beds for the reception of sick and wounded soldiers. It was originally intended to furnish St. Patrick's Hall, the scene of so many festivities as a ward, but the War Office authorities considered that this fire apartment could most suitably be utilized as a recreation room, and this accordingly has been done, but a corner has been partitioned off and fitted up as an X-ray room. The supper room and the picture gallery, the latter containing some priceless treasures of art, have been utilized as wards, as has also the Throne Room where the throne remains untouched, and one patient will lie under its golden canopy.

Some of the guest rooms will be utilized as observation wards, and a minor theatre, and pharmacy have also been installed in this department.

The Matron, Miss A. M. MacDonnell, R.R.C., has been in residence since the middle of December.

It is expected that the first batch of patients will very shortly be received as the Director General of the Army Medical Service has intimated his pleasure that the hospital is now available,

and it is probable that the first shipload of wounded from France will be sent there.

Lady Gifford who, since the outbreak of the war, has been in daily attendance at the Headquarters of the British Red Cross Society, first at Devonshire House, and afterwards at 83, Pall Mall, in connection with the nurses' department, will take over the superintendence of the Society's new hospital train. This is a post which should surely be filled by a thoroughly experienced matron or hospital sister.

Mr. Douglas Hall has received a letter from the surgeon in charge of an experimental barge on the Seine testifying to the excellence of this method of transport. "In the case of the badly wounded," the surgeon writes, "this restful form of transport is of undoubted advantage."

The French Relief Fund, which was inaugurated for the purpose of giving British assistance to French non-combatants rendered destitute by the War, and especially to alleviate the terrible distress and suffering of the homeless women and children in the devastated Provinces of France, is doing a splendid work. It works in co-operation with the *Secours National*, which is under the patronage of the President of the French Republic. In an appeal for £100,000 it is pointed out that, in guarding her frontiers, France can be said to have safeguarded our country against invasion, and the fund is intended as an earnest of the admiration felt in this country for her sons, as well as for the courage and fortitude of her women in taking up the duties of their menfolk, or patiently enduring the terrible distress of which they have been the victims.

To mark its approval of the work of the French Flag Nursing Corps in providing thoroughly trained nurses for French soldiers, £100 has been given to it by the French Relief Fund.

We are glad to hear that the Hotel Christol at Boulogne has been closed as a hospital for the wounded. It was apparently in a far from aseptic condition, and the nursing department is in need of organisation and discipline. It is now occupied as the headquarters hostel of the Red Cross Society, and should the Allied Forces Base Hospital resume work under the military authorities, it is to be hoped that a well-qualified staff may be selected by an experienced Matron, and that the nursing department may be placed under her care and supervision.

The Lady Hardinge Memorial Hospital installed in the new museum at Bombay is now full of wounded, and has been entirely equipped, including beds and garments, by the Women's Branch of the Bombay Presidency Relief Fund. The most serious cases on arrival from Europe, the Persian Gulf, and Africa have been taken thither,

and the others are sent up country in superbly-installed ambulance trains, which are a marvel to the wounded soldiers.

LEICESTER ROYAL INFIRMARY.

INCREASE IN THE SISTERS' AND NURSES' SALARIES.

We have great pleasure in recording a wise decision on the part of the Committee of the Leicester Royal Infirmary, to increase the salaries of the Sisters and Nurses of that Institution.

War Services have made great demands upon the Staffs of the Voluntary Hospitals, and as it is undoubtedly in the best interests of these institutions to retain the services of members of the Staff who are specially qualified for superior posts, we think the Leicester Royal Infirmary Board are to be congratulated on agreeing to the expenditure of an additional £400 per annum to the Nurses' Wages List, as from the 1st January.

The following is the list of increases:—

ASSISTANT MATRON.

(1) *The Assistant Matron*—commence at £50, rising by increments of £5 per annum to £65 (at present £40-£50).

SISTERS.

(2) *The Night Sister*—commence at £50, rising by increments of £5 per annum to £60 (at present £45-£50).

(3) *The House-keeping Sister*—commence at £55, rising by increments of £5 per annum to £65 (at present £55-£60).

(4) *The Massage Sister*—commence at £50, rising by increments of £5 per annum to £60 (at present £50-£55).

(5) *The Home Sister*—commence at £50, rising by increments of £5 per annum to £60 (at present £50-£60).

(6) *The X-Ray Sister*—commence at £60 (at present £60).

(7) *The Theatre Sister*—commence at £40, rising by increments of £2 per annum to £50 (at present £36-£40).

(8) *The Out-Patients' Sister*—commence at £40-£50 (at present £36-£40).

(9) The Sisters of the seven principal wards—commence at £40, rising by increments of £2 per annum to £50 (at present £32-£40).

(10) The Sisters of other Wards—commence at £36, rising by increments of £2 per annum to £48 (at present £32-£40).

NURSES.

The rate of remuneration of Nurses entering the Hospital for training will be increased from £8, £12, £14, and £25, for the 1st, 2nd, 3rd, and 4th years, to £10, £14, £18 and £25.

GENERAL.

The total increased Salaries bill will be approximately when the maximum salaries are reached:—Sisters, £190 per annum. Nurses approximately £220 per annum. Total £410.

APPOINTMENTS.

MATRON.

Holy Infancy Babies' Hospital, Park Road, Barnet.—Miss Valetta 'Short has been appointed Matron. She was trained at the Alexandra Hospital, London, and Addenbrooke's Hospital, Cambridge, and has worked at the City Sanatorium, Hull. She has also been Sister at the City Hospital South Liverpool, and Matron of the Children's Convalescent Home, Skegness, and of the Craig Convalescent Home, Morcambe Bay, and the Isolation Hospital, Gainsborough.

SUPERINTENDENT SISTER.

Queen Mary's Hospital for Children, Carshalton.—Miss Jessie A. Williams has been appointed Superintendent Sister. She was trained at University College Hospital, having previously worked for three years at the Cancer Hospital, S.W. She has since training been on the private nursing staff, and held the position of Night Sister at University College Hospital.

SUPERINTENDENT NURSE.

Luton Infirmary, Bedfordshire.—Miss J. B. Everett has been appointed Superintendent Nurse. She was trained at the Southwark Infirmary, East Dulwich, and has held the position of Superintendent Nurse at Ipswich Infirmary, Bishop's Stortford Infirmary, and Chelmsford Infirmary, she has also done private nursing and holds the C.M.B. certificate.

SISTER.

Erdington Infirmary, Birmingham.—Miss A. F. L. Lord has been appointed Sister. She was trained at the Erdington Infirmary, Birmingham, and has been Charge Nurse at the Ecclesall Union, Sheffield.

Miss A. Gibert has also been appointed Sister in the same Institution. She was trained at the South Manchester Hospitals, Manchester, and has done private nursing. Since September she has been in charge of the Calne Isolation Hospital, Wilts.

Dreadnought Hospital, Greenwich.—Miss Alice Maud Hobling has been appointed Sister. She was trained at the Queen's Hospital, Birmingham, and has been Ward Sister at the General Hospital Hemel Hempstead, and Theatre, Outpatient, and Housekeeping Sister at the Hospital for Epilepsy, Maida Vale, London, W.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Miss Cecilia Winifred Dudgeon has been appointed a Nursing Sister.

QUEEN VICTORIA'S JUBILEE INSTITUTION.

TRANSFERS AND APPOINTMENTS.

Miss Emily F. T. Whatham is appointed Assistant Superintendent, Sussex, C.N.A.

Miss Florence A. Hooper is appointed to Bath.

Miss Helen Hooper is appointed to Carlisle.

Miss Elizabeth A. Jones is appointed to Brownhills.

Miss Rose Sharpe is appointed to Blundell.

NURSING ECHOES.

We commend to the attention and consideration of our readers the Supplement published in this week's issue of *THE BRITISH JOURNAL OF NURSING*, on the action of the National Council of Trained Nurses in its petition to the Secretary of State for War, to prevent the expenditure of the munificent subscriptions of the public on inefficient nursing, and the subjection of the sick and wounded to the dangerous interference of untrained and unskilled women.

We have received a statement by Sir Henry A. Miers, F.R.S., Chairman of the Executive Committee, Household and Social Service Department, King's College for Women, in answer to the Statement by Miss L. L. Dock, published in a recent issue. We hope to find space for this reply next week, but it does not alter facts, so far as the International Council of Trained Nurses is concerned.

We have received from the Poor Law Publications Co., 27 to 29, Fumival Street, London, E.C., a copy of "Modern Medical and Surgical Nursing for Probationers," by Miss C. Seymour Yapp, Matron of the Poor Law Hospital, Ashton-under-Lyne, which appears to be a very useful handbook, dealing with the duties of probationers in their first, second, and third years. We hope to refer again to this book.

In connection with the scheme instituted by the President of the Local Government Board for the consolidation of District Nursing, concerning which Mr. Samuel has invoked the aid of the Central Council for District Nursing, a contemporary states that probably for the first time within the recent municipal history of London the various Roman Catholic nursing institutions which are at present included in the voluntary system are to receive recognition from a State Department. For considerably more than half a century Catholic nurses in every way fully qualified to undertake the duties of tending the sick poor have worked in the thickly populated areas of London with no thought of reward or remuneration beyond a word of thanks from those whom they have been the means of restoring to health.

The Cardinal Archbishop of Westminster, and his Lordship the Bishop of Southwark, have approved of a comprehensive scheme for consolidating the efforts of these voluntary nurses and of increasing their utility. The

scheme inaugurated by Mr. Herbert Samuel provided that the Council was established to keep in touch as far as possible with the current provisions for district nursing, to consider the sufficiency of such provisions, and, so far as they might be enabled, to promote the efficiency and adequacy of the district nursing services throughout the country.

In connection with the proposal of Mr. Herbert Samuel, a Committee has been formed to prepare the preliminary details. The members include Bishop Amigo, nominated by the Provisional Committee; Mgr. Carton de Wiart and Mrs. Norman Moore, nominated by His Eminence Cardinal Bourne; Sir John Knill, President of the St. Vincent de Paul Society, nominated by the Sisters of Charity; and Mr. F. R. Anderton, nominated by the London County Council.

In Westminster, Southwark, and Vauxhall a number of nurses connected with lay voluntary Catholic nursing organizations are doing district nursing, and it is felt that by the consolidation of the work of these and other organizations, a large number of cases which now find their way into infirmaries and hospitals might be nursed at home.

District nurses are so poorly paid that it is quite impossible for them to provide for their old age, and it is the first duty of those who run County Nursing Associations, either to raise the emoluments of district nurses to a real living (which includes saving) wage, or to provide pensions for them. We are pleased to note that at the recent annual meeting of the Whitby District Nursing Association the question of pensions was brought forward by Mr. E. H. Chapman, who thought they owed it as a duty to their nurses to take out a policy whereby an annuity could be provided for their nurses when they reached a certain age. He spoke in warm praise of the nurses' work amongst the poor, which touched the great majority of the people of Whitby in a way which nothing else did. We are heartily in favour of these views, especially as so many self-respecting district nurses strongly object to being advertised as objects of charity through the unprofessional nursing press.

On January 21st, by the kind invitation of Miss Manning, a meeting of the Bath branch of the N.U.T.N. was held at Frett's Restaurant. Dr. Mary Morris in the chair. About forty members attended, many being unavoidably prevented owing to the present crisis. A business meeting was first held, at which the

local Secretary and Treasurer read the Annual and Financial Reports, which show an increase in the number of members, and a balance in hand, for which many thanks are due to the local Secretary and Treasurer. The Executive Committee was re-elected, and an appeal made for the Endowment Fund, which met with a ready response. This meeting was followed by an address from Mr. Dick, the Secretary of the Royal National Pension Fund for Nurses. A pleasant afternoon concluded with tea, and a hearty vote of thanks was accorded Miss Manning for her kind hospitality.

At the special Brigade Service of St. John's Ambulance Association, held at Christ Church, Dublin, several members of the Irish Nurses' Association Nursing Corps attended. The offertory was for the funds of the base hospital in Dublin Castle.

We received the other day a photograph of a devoted amateur engaged in bandaging the leg of a wounded soldier. Unfortunately, the photographer caught her in the act of bandaging from the outside to the inside of the limb. Otherwise the pose of the lady on her knees at the feet of the wounded warrior, looking unutterable devotion, was quite perfect. All the same we imagine the soldier would have been better served with a little less devotion and a little more skill.

We may remind our readers that "A History of Nursing," by Miss L. L. Dock and Miss M. A. Nutting, a book with which all trained nurses should be acquainted, is published by Messrs. G. P. Putnam's Sons, and may be obtained through the Hon. Treasurer of the International Council of Nurses, 431, Oxford Street, London, W.

TRAINED WOMEN NURSES' FRIENDLY SOCIETY.

Trained nurses who are alive to the benefit of managing their own financial affairs should join the Trained Women Nurses' Friendly Society, which is an Approved Society under the Insurance Commission. The Committee, which is entirely professional, is elected by the nurses themselves, and strict privacy is maintained concerning the sickness and suffering of the members. To have a woman secretary to consult in this connection is greatly appreciated by many nurses, who object to their physical condition being discussed by laymen and male clerks. For information, address the Secretary of the Society at 431, Oxford Street, London, W.

PITY THE POOR SICK.

In these days, when so many societies are being run for the benefit of mankind, will not some kind person run one for the benefit of sick people—to protect them from well-meaning people who think they have a mission for visiting the sick? This society would instruct the would-be visitors in the gentle art of making themselves agreeable.

Lest you should think this unnecessary, I will describe some of my visitors during a recent illness in a cottage hospital.

Mrs. Blank: "Good morning, my dear. I have at last persuaded the Matron to let me see you, on condition that I do all the talking and only stay ten minutes. Dear me, who would have thought of seeing you in hospital as a patient? How you must want to be up and waiting on the other patients. I hear every bed is full; there is a lot of illness about. Do you think you caught some infection? No! Well, I'm glad of that. It must be much nicer to have something that is not catching. I hope they look after you properly. If they don't, just let me know: one of the Governors is a great friend of mine. It's very nice for you to have a room to yourself. I used to come here twice a week for months last year. Now let me be accurate. I think it was three months and a fortnight; then she died, poor thing. She was my sister's cook; she had cancer of the breast. You would have been interested in her, I'm sure: it was such a terrible case. What she suffered no one could tell, and I believe the wound was so large that it cost the hospital quite a lot of money in dressings. I always fancied I could smell it before I got into the room, and even now I think there is a suspicion of the same horrible odour in the room. Ah, well, she died at last, poor thing, and very glad she must have been to go. She died in this very bed, I know it by the dent in the ironwork at the top. I think my ten minutes are up, so I must go. Now please do take great care of yourself, and I will come and see you again soon. Good-bye."

Next visitor was Miss White: "How are you, my dear? I do hope you will soon be well again. Nurses are so badly wanted that they ought not to be ill. I suppose you are quite enjoying it. It must be a change and such a grand rest for you. I understand you ate something that disagreed with you."

"No. I've got a germ that has set up a poison factory in my interior."

"Really! How very interesting! Where did you get the germ? You don't know. How

very strange. Do you know, I think it's a great pity we know so much about germs. Now in our grandmothers' day, no one knew anything about them, and I expect they got on just as well, or they died at once; now you see they can keep you alive to suffer. Really, I think it's a mistake. I think I ought to be going. I hope I have not tired you? Good-bye! I hope you will soon be well again."

What did she mean, that I was going to be kept alive to suffer this terrible pain, or that it was a mistake on my part not to die at once? Not cheerful, either way.

My next visitor was Miss Green: "How are you, my dear nurse? You must have thought me a pig to have left you so long, but indeed I sent Edward every day to ask how you were. I have been so worried. You remember Helen, that nice girl I got from London? I thought she was such a treasure, but, like all the rest, she has her faults."

"Well, I suppose you cannot get every virtue under the sun for £24 a year?"

"I give £26, and she is not worth more than £16. She cooks well, but I cannot get her in at night. Last night she stayed out until 11 p.m., and she has a fresh soldier every day, and when I spoke to her about it, she said her own boy had gone to the front, so she had been for a walk with one of his brothers, but you know, my dear, he can hardly have seven or eight brothers all about the same age, and even if he has, I don't see why she should make cakes for them with my flour. I really don't know what I ought to do. What would you do? Would you keep her? And then, you know, she is leading Jane astray: she used to be such a quiet girl; now she is always singing 'Tipperary,' and she walks out with a sailor. I am just worried to death. I do wish this dreadful war was over. Well, how are you, my dear girl? Better! I am glad. Good-bye, dear, I must be going. Now do take care of yourself, and if you should hear of a cook, do let me know."

I had another good soul who told me of all the illnesses her babies had had, what she thought about these illnesses, and what she thought her doctor thought. He, I fancy, would have been astonished had he heard about these thoughts of his.

Then I had the inevitable person who had suffered the same illness as I thought was peculiarly my own. "No, oh no, I had just the same thing as you have, only much worse, but I did not give in; it would have been better for me if I had, but I just made myself go on as though there was nothing the matter."

"But surely you did not walk about and eat ordinary meals with a temperature of 104°?" I said.

"I did not take my temperature. I think if there were no thermometers there would be fewer illnesses. Now, for instance, there is old Colonel Black; he takes his temperature every morning, and if it is above normal, the fuss and the bother is enough to make everyone ill."

Then I had a kind soul who told me I was exactly like her husband's sister-in-law's cousin, who was dying of consumption.

I had some really nice visitors, notably one who had inside news of the war which was much more interesting than the news the daily papers retailed, but on the whole I think my visitors were not conducive to a cheerful frame of mind, and to that charity which tells us to love all men.

I have seen articles in papers upon books for the sick. I think someone might write upon subjects of conversation suitable for sick visiting, and thereby earn the gratitude of the victims.

I was once visiting a patient in a hospital, and could not help being interested in the conversation between an old woman and her husband, the said old woman having been brought in unconscious the day before.

Old Man: "Well, old girl, you have done it this time. I thought you were a goner, I did, and I don't think now that you are out of the wood, and Christmas coming on. I dunno how I'll meet the funeral expenses if you pop off."

Old Woman: "I ain't gone yet, so don't you worry about funeral expenses. Did you bring me a towel and a nightdress?"

Old Man: "No, I didn't, but I brought you two bananas."

Old Woman: "What's the good o' them! I can't dry myself on bananas."

I had to talk to my patient then, so heard no more. They seemed a very friendly couple; they kissed each other at parting, and told each other to take care of themselves. M. H.

DISPENSING FOR LADIES.

A representative of this journal recently paid a visit to the Westminster College of Dispensing for Ladies, 112, St. George's Road, S.E., when the details of the training were explained by the Secretary. For many years, ladies have been trained here for the Dispensers' Diploma of the Apothecaries' Society of London. They are instructed in all divisions of practical dispensing and pharmacy and experimental chemistry. A very gratifying measure of success has attended the teaching and also the obtaining of posts after gaining the diploma.

WHERE TO SHOP AND WHAT TO BUY. SOME FIRST-CLASS FIRMS.

THE HOSPITALS AND GENERAL CONTRACTS CO., LTD., 25-35, Mortimer Street, London, W.—This firm is noted for its large stock of surgical and nursing requisites, and owing to the central position of its establishment, it is easy to pay it a personal visit. The rubber hot water bottles supplied specially be noted.

MESSRS. E. & R. GARROULD, 150-162, Edgware Road, London, W.—This establishment is a special favourite with Matrons and nurses, owing to the fact that in the shortest space of time they can see surgical appliances and supplies, nursing uniforms and requisites, in the spacious Nurses' Saloon.

THE MEDICAL SUPPLY ASSOCIATION, 167-173, Gray's Inn Road, London, W.C.—The Association has now branches in Edinburgh, Glasgow, Dublin, Sheffield, Cardiff, and Belfast—remarkable testimony to its progress—and supplies every sort of hospital requirement. Macdonald's "Gold Medal" Steam Steriliser, one of its specialties, is deservedly popular and extensively used.

MESSRS. CHARLES ZIMMERMANN & Co., LTD., 9 and 10, St. Mary-at-Hill, London, E.C.—Lysol has long been a favourite disinfectant with nurses and midwives, its popularity being based on the excellent results attained in hospital, private, and district use.

THE BOVININE COMPANY, of which Messrs. W. Edwards & Son, 157, Queen Victoria Street, London, E.C., are the agents in this country, has placed upon the market in Bovinine a valuable fluid food and restorative which is bound to be appreciated and should be extensively used in Hospitals in which the sick and wounded are received at home and abroad.

SCOTT & BOWNE, LTD., 10, and 11, Stonecutter Street, London, E.C.—We are realizing more and more that, in regard to health, prevention is better than cure, and for this reason many medical practitioners direct delicate patients, susceptible to changing temperatures, to take Scott's Emulsion, which provides the highest form of cod liver oil treatment, throughout the winter.

GOSPO, LTD., 33, Waterloo Road, London, S.E.—In Gospo we have a most effective and valuable antiseptic cleanser for floors—rubber and mosaic—marble, baths, &c., and the testimony of those who have used it is that they would not be without it.

BROADBENT'S COLLEGE, BURNLEY.

We have pleasure in drawing attention to the advantages offered by the Broadbent College, 69, Woodgrove Road, Burnley, Lancs., for tuition in English and other subjects, such as the art of speaking and writing fluently and well. Many nurses, in common with other women, who are conversant with a subject lack the art of expressing themselves readily and fluently. Those who would like to know more of the instruction offered by the College should write for the booklet, "How Must I Express Myself?" from which they can learn of the scope of the tuition course.

BOOK OF THE WEEK.

"THE MUTINY OF THE *ELSINORE*"*

This tale of the sea, written with all the force and blood-curdling description for which its author is renowned, adds one more to Mr. London's long list of successes. It is written in the first person by the sole passenger of the *Elsinore*, who for a whim of a man of means, had decided to make this voyage in a sailing vessel.

A somewhat arrogant, case-loving person we deem him to be; at least when he set forth upon his memorable voyage.

He at first set his affections on the captain's state-room, and instructed the owners to offer up to a thousand dollars to secure it. But at that period he was not acquainted with that inscrutable person. He did not get the state-room. Captain West had brought his daughter along with him.

"I was too angry to return to the cabin. I had expressly stipulated to the agents that no captain's wife was to come along. But I had never thought about the captain's daughter."

Quickly appreciating his moodiness and its cause, she orders him not to be silly. "I've sailed with passengers before, and I've learned to put up with more than ever they proved they were able to put up with."

Margaret West proving a most desirable young woman he soon learned to master his discontent.

But the crew! It takes Mr. London pages and chapters to give an adequate description of the unfortunate, villainous, cosmopolitan collection of gaul birds and scum that came aboard to navigate the *Elsinore*. Mr. Pike, the mate, who had been for many years chief officer of the vessel, was of opinion that there were no longer any ordinary seamen. "We don't carry 'em. Every clodhopper and cow-walloper in these days is an able seaman. There ain't no more sailors. They all died years ago."

His method of getting the maximum amount of efficiency out of them was to shower lurid abuse continually upon them.

Mr. Pathurst, the passenger, taking tea with Miss West, draws the contrast between themselves and the miserable brutal crew.

"We in our comfortable deck chairs, our two servants at our back, the quintessence of elegant leisure sipped tea from beautiful fragile cups, and looked on at those wretched ones whose labours made possible the journey of our little world. Miss West, with the appraising eye of a plantation mistress for her field slaves, looked them over."

Small wonder that these men, largely composed of the criminal class, mutinied.

After the death of the inscrutable captain from heart disease, and the mysterious disappearance of the first and second mate, which is never cleared up, Mr. Pathurst and Miss West take command

* By Jack London. Mills & Boon, Ltd., London.

of the ship. As may be supposed, Miss West proved the better seaman of the two.

Absolute callousness on the part of officers and crew provide anything but pleasant episodes, and the story thrills and pulsates with undisciplined passion and relentless hate.

The love story of Mr. Pathurst and Margaret West, which runs like a thread through the story, culminates with the expected happy ending, but it is enacted in a lurid setting.

We cannot recommend this story as a sedative the last thing at night, but of its power and grasp of its subject there is no doubt.

H. H.

COMING EVENTS.

January 29th.—Matrons' Council of Great Britain and Ireland. Annual Meeting. 431, Oxford Street, London, W. 4 p.m. Tea after the business meeting. Discussion, opened by Miss Mollett, on "Women and their work during the War." 5 p.m.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

A GOOD EXAMPLE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As an old Charing Cross Hospital Sister I read with the deepest interest of the new departure there. I think we may take it that nothing really more useful in hospital management has been started of late years than the General Purposes Committee, composed of Sisters, with the Matron as chair, through which they can compare expenditure, regulate expenses, and no doubt consult together about nurse training and other things. Looking back over my Sister days, I cannot think of any departure of a more helpful nature than to be able to get a bird's eye view of the ward management and expenditure, either for Matron or Sisters. It seems Charing Cross Hospital is to be much congratulated upon its new chairman. I am glad to think all those empty beds are now in use and hope wards there will never be closed again.

Yours truly,

A BACK NUMBER.

PROFESSIONAL PREJUDICES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Just to prove the conditions which exist in many Red Cross Hospitals, do let me tell you the following incident. I have been a Matron—now on the shelf, but still, of course, immensely interested in hospital work. My sister-in-law, a doctor's wife, is Commandant, and is running a Red Cross Hospital near London. I proposed a visit offering help; thus is her reply: "Dear E.,—Please keep away. We are getting on so comfortably and don't want to be disturbed by your professional prejudices.—Yours," &c.

This note seems good enough for *Punch*, but as that old boy apparently fails to see any, even grim, humour in the present nursing situation, it is too good to lose, so hope you can find space for it. In past times, whenever my nieces or nephews had the slightest ailment, all my spare time must be at their disposal, night or day—you know how one's family absorb the family nurse—but the care of our sick and wounded soldiers is quite another story. I permitted myself the pleasure of replying to that note without reserve.

Yours truly,

T. M. K.

A MATTER OF BUSINESS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have been working abroad for some months for St. John of Jerusalem, the salary arranged to be £1 a week. I was paid £4 in advance—a month's salary. At the end of three months' work I have been paid at the rate of ten shillings a week, the £4 debited for eight weeks' salary, the rest to be paid upon my return to England. Is this fair? It does not seem so to me. Why should this enormously wealthy Association retain half of my salary for months? I am not avaricious, or even hard up, as I brought out £10 for emergencies, but in my opinion the £1 a week salary should be paid monthly, and paid in full. As some of the nurses I know are very hard up, we should be grateful for advice.

Yours truly,

WOMAN OF BUSINESS.

[Our advice is to write direct to the Matron-in-Chief, St. John of Jerusalem in England, St. John's Gate, Clerkenwell, London, E.C., and place the case before her, asking that your letter may be submitted to the responsible official.—Ed.]

REPLIES TO CORRESPONDENTS.

Miss M. H., *Yorkshire*.—We suggest "Practical Nursing," by the late Miss Isla Stewart and Dr. Herbert Cuff, published by William Blackwood & Sons, London and Edinburgh; "A Medical Dictionary for Nurses," by Miss Amy E. Pope, and "Materia Medica for Nurses," by Miss L. L. Dock, both published by G. P. Putnam's, 24, Bedford Street, Strand; and "A Manual of Nursing," by Dr. Laurence Humphry, published by C. Griffin & Co., Ltd., Exeter Street Strand, London, W.C.

L.—We should advise you to write to Mrs. Day, 16, Brunswick Road, Hove, Brighton, who receives paying guests, and is quite willing to take those who need some care, as she has been Matron of a large hospital. We shall be pleased to send other addresses if necessary.

OUR PRIZE COMPETITION.

February 6th.—What precautions would you take in the care of an enteric patient to protect yourself and others from infection?

February 13th.—Give symptoms and treatment of opium poisoning.

The Midwife.

THE CENTRAL MIDWIVES BOARD.

PENAL BOARD.

A Special Meeting of the Central Midwives Board was held at the Board Room, Caxton House, Westminster, on Wednesday, January 20th, at 11.30 a.m., for the purpose of hearing the charges alleged against eight certified midwives with the following result.

Struck off the Roll and Certificate Cancelled.—Maria Booth (No. 3263), Mary Cox (No. 19286), Eliza Elston (No. 11964), Nita Fitzpatrick (No. 6046), Sarah Hudson (No. 19345), who had been previously cited, and Emma Weyman (No. 5414.)

Cautioned.—Dorcas Maria Hodgson (No. 4585, L.O.S. certificate.)

One case was adjourned, the Local Supervising Authority being asked for a report as to the midwife's cleanliness, and capacity to take a temperature, in three and six months' time.

The charges were, for the most part, of the usual character—negligence and misconduct in failing to wash the patient, to record pulse and temperature, to explain that the case was one in which the attendance of a medical practitioner was required, to attend to the comfort and cleanliness of the patient, want of cleanliness, failure to take the necessary appliances and antiseptics when called to a midwifery case, and to keep a Register of Cases as required by Rule E.23, of using the same appliance for giving vaginal injections as that used for giving enemata.

In one case when the Medical Officer of the Local Supervising Authority who was present, was asked by the Chairman whether any means were taken to instruct the midwives, he stated that formerly inspection was carried out by the Medical Officer of Health, and it was a useless ceremony altogether, but that now a midwife had been appointed as inspector, who endeavoured to teach the less educated midwives.

In the case of Nita Fitzpatrick, the charge was "That on November 14th, 1914, you were convicted at the Assizes held in and for the County of Stafford of aiding and abetting one, Howell, to procure abortion." The offence was at first denied but afterwards admitted, the defence put forward to the Board being that though convicted at the Assizes the midwife was discharged on her own recognizances.

In the case in which no action was taken, but a report asked for from the Local Supervising Authority in three and six months' time, the principal charge was "the patient suffering from ante-partum hæmorrhage, with oedema of the legs and vulva and from a purulent discharge, you did not explain that the case was one in which the attendance of a registered medical practitioner was required." Some five days later

having advised medical aid, and medical aid having been sought for the patient, there was a further charge of having neglected to notify the Local Supervising Authority thereof, as required by Rule E.21 (1).

There were two points of interest about this case to practising midwives: (1) that the case was one of ante-partum illness, and that medical advice having been sought, the midwife did not remain with the patient until medical help arrived and subsequently carry out the doctor's instructions.

This obligation according to the rules appears to be imposed on the midwife during the pregnancy of a patient "if the case be one of emergency." Presumably in this instance the midwife did not consider it was, and, in respect to the further charge of neglecting to notify the Local Supervising Authority the midwife's defence was that medical aid having been summoned, her obligation ceased—the medical man being in charge of the patient. This point was emphasised by Miss Rosalind Paget during the discussion of the case.

The only defended case was that of Miss Dorcas Maria Hodgson, defended by her solicitor, Mr. Barker. The first charge, that of neglecting to explain for three days that the case of a child suffering from inflammation of the eyes was one in which the attendance of a registered medical practitioner was required, was considered by the Board to be technically proved. Five other charges were considered not proved. In the course of the defence it was asserted that pressure was used by the inspector to secure statements from patients who, after having made them desired to retract them. In informing the midwife of the decision of the Board to caution her the chairman told her that she must observe the rules strictly. She had notified the case late, but such cases must be notified promptly. The chairman commented upon the contradictory evidence introduced into the case, in a way that had been unheard of previously.

THE MONTHLY MEETING.

The monthly meeting of the Central Midwives Board was held at the Board Room, Caxton House, Westminster, on Thursday, January 21st, Sir Francis Champneys presiding.

The following letters were received:—

(a) A letter from the Clerk of the Council stating that the Lord President has been pleased to appoint the Lady Mabelle Egerton to be a member of the Board for a further period of three years from the 29th day of January, 1915.

(b) A letter from the Secretary of the Queen Victoria's Jubilee Institute for Nurses informing the Board that Miss Rosalind Paget has been reappointed to represent the Institute on the Central Midwives Board for a period of three years ensuing March 31st next.

REPORT OF THE STANDING COMMITTEE.

The Standing Committee reported correspondence with Messrs. Morgan, Bruce & Nicholas, of Pontypridd, and the County Medical Officer of Glamorgan, with reference to an alteration made by a certified midwife in her Register of Cases required to be produced in evidence at the hearing of an affiliation summons.

The Chairman stated that the alteration in the entry was acknowledged.

It was decided that the reply be (a) That it is impossible to distinguish with certainty between an eight months' and a nine months' child; (b) That the evidence available is insufficient to prove motive.

APPLICATIONS.

For Removal from the Roll.—The applications of nine midwives for the removal of their names from the Roll of Midwives were considered, and it was decided that the applications be granted. The Secretary was directed to remove the names from the Roll of Midwives, and to cancel the certificates.

For Approval to undertake the practical training of pupil midwives.—The application of Miss Alexandra Elizabeth White, No. 24274, for approval to undertake the practical training of midwives was granted. Miss White is at present temporary County Superintendent in Cheshire.

REPORT OF PENAL CASES COMMITTEE.

Mr. Julius Bertram, solicitor to the Board, informed it that Lucy Henrietta Stock (late 34004) was lodging an appeal against the sentence of the Board. The Solicitor to the Board was instructed to defend any proceedings taken against it.

It will be remembered that there was no charge of professional incompetence against this midwife, whose name was removed from the Roll in consequence of a charge of moral delinquency which the Board considered proved.

THE L.C.C. AND SCHOOLS FOR MOTHERS.

At its meeting on Tuesday last, the Education Committee of the L.C.C. reported to the Council, in relation to Schools for Mothers, that—

Schools for mothers, which are of comparatively recent origin, have considerably increased in number during the past few years, and there is now one of these institutions in most of the metropolitan boroughs.

The chief aim of these schools is the provision of instruction and training for mothers in the care and management of young children, with a view to the prevention of infantile mortality and of those ailments and defects which are likely to retard the development of children.

The activities of the schools include—(a) Infant consultations; (b) home visiting and meals for mothers; (c) systematic classes in health, infant care, home nursing, first aid, cookery and needlework.

The Council has, under its scheme for supplying

teachers to clubs, mothers' meetings, and similar institutions, assisted materially in the work of these schools.

Instruction in health subjects has been given by lecturers chosen from the appropriate panel or by qualified officers of the particular institution concerned, who have been specially approved for the purpose; while the Council's permanent peripatetic staff has been utilised for the lessons in domestic subjects.

The institutions have been conducted under the regulations of the Board of Education for technical schools, and the authorities of such institutions have contributed to the Council out of the grant earned a sum of 1s. for each lesson given by the Council's instructors.

In the session 1913-14 a sum of £367 12s. was expended in respect of the salaries of teachers provided by the Council in schools for mothers; the amount receivable by the Council as a contribution out of the grant being estimated at £40 6s. The net cost to the Council of these institutions is therefore approximately £327 6s.

The Board of Education have recently issued new regulations for the payment of grants to schools for mothers, whereby the amount of grant may, where the work is efficient, be increased and brought into closer relation with the cost of the work, the maximum grant being one-half of the approved expenditure which includes (a) Salaries of medical officers, (b) salaries of superintendent and other paid members of the staff, (c) payments for teachers.

The issue of these regulations necessitates a reconsideration of the Council's position in regard to schools for mothers.

The contribution to the Council on the basis of 1s. a lesson, although reasonable on account of the smallness of the grant hitherto paid by the Board, involved the Council in nearly the whole of the expenditure on teachers' salaries. The Education Committee consider that under the new regulations it would be a more equitable arrangement for the Council to pay half the cost of the salaries of instructors and lecturers, the other half being paid by the Board.

In view of the generous help which the Board propose to give to these schools, it is reasonable to anticipate that there will be considerable development in the work, entailing increased expense on the Council.

PAINLESS PARTURITION.

A writer in the *Medical Record* relates his experience with heroin as a means of relieving the pain attending childbirth. He gives one-twelfth grain of heroin hydrochlorate, hypodermically, as soon as the pains begin. Within twenty minutes the patient becomes drowsy, and no longer suffers from the pains. The need of bearing down when she feels the contractions is impressed upon her. The physician leaves the patient, sometimes for an hour or two, until labour is well-advanced. The effect of the one-twelfth grain dose lasts usually about three hours.

THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND AND THE CARE OF THE SICK AND WOUNDED

431, OXFORD STREET, LONDON, W.

RESOLUTION AND STATEMENT SENT TO THE SECRETARY OF STATE FOR WAR

When War was declared early in August the Nursing Profession in the United Kingdom realised with satisfaction that never before had it been so well prepared to fulfil the duties which might be imposed upon it. An experienced Matron-in-Chief was at the War Office at the head of Queen Alexandra's Imperial Military Nursing Service, with a supply of expert Matrons, Sisters, Staff-nurses, and orderlies at her command. In addition to the regular staff, a Reserve of fully qualified nurses was available. This Service was well supplemented by the Territorial Force Nursing Service of nearly 3,000 thoroughly trained certificated nurses, selected and supervised by a number of very experienced Principal Matrons. These expert nurses were at once mobilized.

Of volunteer trained nurses several thousands were available.

Thus we looked forward with confidence to nursing the sick and wounded soldiers in the most skilled manner possible; and had the War Office grasped the helm at once, and taken absolute control of every hospital, and every nurse utilised for nursing the troops at home and abroad, we are of opinion that an enormous amount of disorganization and suffering might have been prevented.

This apparently the War Office was unable to do, because certain powers and responsibilities had been delegated to the British Red Cross Society—and that Society, so far as nursing is concerned, has failed to appreciate the value of trained nursing skill in the practical application of medical treatment, so that when War broke out it was absolutely unprepared so far as a supplementary trained nursing service was concerned.

It took but a few weeks to prove the dangerously inefficient system of nursing approved by the British Red Cross Society, and evidence of this inefficiency elicited a firm protest in the form of a Resolution passed unanimously at the Annual Meeting of the National Council of Trained Nurses of Great Britain and Ireland, held in London on December 3rd, 1914. This Resolution was sent to the Secretary of State for War, and resulted in a request from the Director General of the Army Medical Service for evidence in its support—a request which was complied with in the following Statement on December 31st, 1914.

RESOLUTION PASSED BY THE NATIONAL COUNCIL OF TRAINED NURSES

The National Council of Trained Nurses of Great Britain and Ireland, in Annual Meeting assembled, desires to place on record its unqualified disapproval of the present organization of the nursing of sick and wounded soldiers in military auxiliary hospitals at home and abroad.

In the opinion of the National Council, the standard of nursing for the sick and wounded should be of the highest quality that a grateful nation can provide for men who are risking their lives in the defence of the Empire.

This Council therefore most earnestly petitions the Secretary of State for War (whose Department is primarily responsible for the health and comfort of the troops) to prevent the expenditure of the munificent subscriptions of the public on inefficient nursing, and the subjection of the sick and wounded to the dangerous interference of untrained and unskilled women, who have been placed in positions of responsibility for which they are not qualified, greatly to the detriment of the discipline in military auxiliary hospitals, and the general welfare of the sick.

STATEMENT prepared by the President of the National Council of Trained Nurses, and submitted to the Director-General, Army Medical Service, at the War Office.

I.—THE STANDARD OF NURSING.

The present organization of the nursing of sick and wounded soldiers in Military Auxiliary Hospitals, at home and abroad, is in the opinion of the National Council of Trained Nurses defective because the system and standard of nursing countenanced in them differs essentially from that defined as requisite by the War Office for the regular Military Hospitals, and the Territorial Hospitals.

In these hospitals Matrons, Sisters, and Staff Nurses are required to be trained for three years, and certificated, in recognised adult hospitals before being eligible for appointment, and the principle is accepted that nursing is an essential part of medical treatment, indispensable to the efficient care of the sick.

The needs of a sick and wounded man whether he is admitted to a regular hospital, or to an auxiliary hospital are the same. Yet no standard of nursing is defined and enforced for these auxiliary hospitals, and it not unfrequently happens that the "nursing" is provided by members of Voluntary Aid Detachments, "covered" by one or two trained nurses, under the administration of an untrained and inexperienced Commandant, and the service provided under these conditions cannot be considered either adequate or skilled.

The reason for this unjustifiable system may be found in the composition of the bodies controlling the regular and auxiliary organizations.

II.—ORGANIZATION.

In connection with the Military and Territorial Force Nursing Services the War Office has in the first instance, the advantage of the advice of a Nursing Board, upon which the opinion of the nursing profession is available through the Matrons of large civil training schools.

In the case of the Territorial Hospitals, the War Office has formed an Advisory Board which also comprises Matrons of large Nurse-Training Schools. In each instance, by means of these Nursing Boards, an adequate standard of nursing for sick soldiers has been defined and enforced.

When we come to the organization of Voluntary Aid, although the War Office deputed the British Red Cross Society as the only official channel through which voluntary aid could be rendered to the sick and wounded, in time of war, this sound principle of including nursing experts on its Committees has been disregarded. The Executive Committee is composed of twelve men. Upon the Voluntary Aid Advisory Sub-Committee, appointed by the Executive Committee, again there is not one representative of the nursing profession, though there are a few ladies representative of the aristocracy of various counties of England and Wales.

On the Council of the British Red Cross Society there is not one past or present Matron of a Nurse Training School.

Under these circumstances, it is not surprising that the standard required of the Voluntary Aid Detachments is inadequate, that discipline is ineffective, and the Voluntary Aid Detachments, which under effective professional supervision and direction could provide the necessary material, are totally unfit to assume the care of sick and wounded soldiers.

The first fundamental reason therefore why the National Council of Trained Nurses disapproves of the present organization of the nursing of sick and wounded soldiers in Military Auxiliary Hospitals, is that the British Red Cross Society in working out the War Office Scheme, for the organization of Voluntary Aid Detachments, has deliberately excluded from its counsels women possessing the necessary knowledge, and has preferred to enlist the help of persons of wealth and social position, whose services though valuable in regard to the general purposes of raising funds and stimulating interest in the Society's objects, are not only useless but dangerous when they assume professional knowledge which they do not possess, and interfere with the educational and economic conditions of a skilled profession of women to which they do not belong.

The deficiencies of the British Red Cross Society in relation to the organization of trained nursing, have on several occasions been brought to its notice by professional associations of nurses.

On November 2nd, 1912, the Matrons' Council of Great Britain and Ireland passed the following Resolution, which was subsequently forwarded to the British Red Cross Society:—

"That in the opinion of this meeting only nurses who are fully trained should be sent to nurse the sick and wounded in time of war, and that no base hospital can be considered properly equipped which has not such a staff of nurses."

The Resolution was consequent upon the policy of the Society in relation to the War in the Near East, when trained women nurses were excluded from the units sent out to give help to the sick and wounded.

On November 23rd, 1912, the National Council of Trained Nurses of Great Britain and Ireland also passed, at its Annual Meeting, and subsequently forwarded to the British Red Cross Society, the following Resolution:—

"This Council of Trained Nurses deprecates the policy of the British Red Cross Society in refusing to include thoroughly trained women nurses in the units sent to relieve the sick and wounded in the Near East.

"This Council is of opinion that only nurses who are fully trained should be sent in this capacity, and that no base hospital can be considered effectively equipped which has not such a staff."

At the Annual Meeting of the National Council of Trained Nurses held on November 27th, 1913, the Council agreed that the British Red Cross Society should be asked to state whether or not thoroughly trained nursing was to be included in its primary object of furnishing aid to the sick and wounded in time of war.

To this question no satisfactory answer was received, and when war was declared in August, 1914, no preparation whatever had been made, by the British Red Cross Society, to provide trained nursing to supplement that available through the Reserves of the Military Nursing Service and the Territorial Force Nursing Service.

In support of our criticism of the organization of nursing in connection with the British Red Cross Society, we may quote the words of Viscount Esher, G.C.B., President of the County of London Territorial Association, who wrote in November, 1913, in a Prefatory Note to "War and Women," by Mrs. St. Clair Stobart: "I have resigned my connection with the British Red Cross Society not being satisfied that the organization, plan, and sphere of operations of the Society, although philanthropic, are framed with a sole view to the welfare of our country. . . . Nursing the sick and wounded in war is clearly women's work. The detailed arrangements, their plan and ordering, are a sphere of activity for women in peace. As matters now stand, nursing schemes are worked out and stereotyped by the military authorities without advice or suggestion from those who in war will have to bear the chief burden. The plea has always been that the hierarchy of the R.A.M.C. know all about war and its requirements, whereas women know nothing. This book disposes of that fallacy."

Voluntary Aid as now organized through the Voluntary Aid Detachments is, we are aware, primarily intended to supplement the work of the Territorial Force Service, in case of invasion (in the present War it has been used abroad), and trained nurses claim that so far as nursing is concerned the system as approved by the War Office is fundamentally wrong, and permits the dangerous interference of unqualified persons, who may have no practical experience whatever in the management of hospitals for the sick, or of medical or nursing requirements.

III.—DANGEROUS INTERFERENCE BY THE UNSKILLED.

1. During the present war, upon the mobilization of Voluntary Aid Detachments, a large number of women, irrespective of age, have been permitted to assume the responsibilities of Commandants, as sanctioned by the War Office Scheme, and given the practical control of hospitals for the wounded, who are absolutely ignorant of sanitary, domestic, medical, and nursing science—interference upon the part of the unqualified which is as dangerous as it is unjustifiable, in the care of "men who are risking their lives in the defence of the Empire."

The result of placing these hospitals under the direction of untrained Commandants has, in many instances reduced trained nursing to a minimum. Where one nurse on day, and sometimes one on night duty is all the provision made in hospitals containing as many as 30 or 40 beds, it is impossible that acute cases should be properly nursed. The excuse made by those responsible for these hospitals that they cannot afford to pay for trained nursing is untenable. The subsidy of three shillings a day per patient granted by the War Office, together with the liberal subscriptions received, should provide under competent management for skilled nursing service. Amateur hospital management and nursing are notoriously extravagant.

2. Further, we unhesitatingly condemn the arrangements made for the organization of Voluntary Aid in the Field, because it is provided that the Voluntary Aid Detachments, the knowledge of whose members is limited to a course in First Aid and Home Nursing, without any hospital training being required, shall be used (under whatever name they may be designated) not only in the auxiliary hospitals, but at the clearing hospitals, which nominally contain 200 beds, but practically may be considerably extended to meet the pressure after a battle.

The official statements as to the duty of Voluntary Aid Detachments in relation to the Clearing Hospitals are precise. The published scheme for the Organization of Voluntary Aid in England and Wales (and the same applies to Scotland) after describing the medical organization of the Territorial Force, states:—

"The units which it lacks are (a) Clearing Hospitals, (b) Stationary Hospitals, (c) Ambulance Trains, (d) Other formations. The medical service of the Territorial Force has no establishment for carrying out the duties in connection with the above-named organizations. This scheme has been devised with the object of giving to those members of the civil population, who from motives of patriotism and sympathy for the sick and wounded are desirous of offering their services for the performance of these various duties, an opportunity of allowing themselves and their efforts to be organized and co-ordinated efficiently, so that the sick and wounded may derive the fullest possible benefit."

We could wish that the outlet for the patriotism of the civil population might be confined to the manipulation of inanimate matter!

Other duties officially assigned to members of Voluntary Aid Detachments are "taking temporary charge in the evacuation stations, or temporary hospitals, of severe cases unable to continue the journey—arranging small wards for patients in suitable buildings—and in such nursing as is necessary for the temporary care of patients until they can be transferred to the general hospitals. Detachments or a certain proportion of a detachment may be employed for duty in ambulance trains."

It is almost incredible that according to this scheme it is actually proposed that acutely sick and wounded men, whose lives are in the balance, may be handled and cared for, in the supremely important hours between the time when their wounds are received, and the time when they reach the base hospital, by young women who are untrained, and whose age, according to the regulations, should not be less than seventeen. In our opinion, from the time the wounded arrive at the Clearing Hospitals, until they cease to be under medical care, they should be attended by thoroughly qualified nurses, and as expressed in the Resolution of the National Council of Trained Nurses, the standard of such nursing should be the best that a grateful nation can provide.

IV.—PRIVATE HOSPITALS AT HOME AND ABROAD.

Amongst the Auxiliary Home Red Cross Hospitals are officially included Private and Voluntary Aid Detachment Hospitals. Private Hospitals are amongst those mentioned in the scheme for the organization of Voluntary Aid as amongst the institutions for which the Medical Service has no establishment for carrying on the duties, and which are commended to the patriotism of the civil population. It is recommended that the expenses in connection with the upkeep of these should be met entirely by private funds.

We contend that it is an outrage to patriotism that sick soldiers should be made objects of charity. It is the duty of the State to provide and pay for the care of the Nation's soldiers in sickness as well as in health.

The outcome of this suggestion, in the present War, has been that a large number of private hospitals have sprung into existence, promoted no doubt by the kindest intentions, but usually by persons totally ignorant of hospital management, which is a highly specialised branch of public service.

Wealthy women with social influence have in many instances adapted houses as hospitals. At the same time they have assumed the professional titles of Lady Superintendent and Matron, and, also, the distinctive uniform of the trained nurse. With very little knowledge of professional qualifications they may, or may not, have selected a sufficient and competent staff of trained nurses, whose anomalous position is at once apparent to the professional mind. To accept service under these conditions makes it, in our opinion, exceedingly difficult for such nurses to exercise sufficient authority to maintain discipline, and, in consequence, high standards of nursing.

Private hospitals so organized are operating at home and abroad, and in our opinion such untrained women, with the best intentions in the world, have no more right to assume our professional titles, and wear our professional uniform, than unqualified men would have to dominate the medical departments in these institutions. The contention that because a woman belongs to the aristocracy of rank or wealth she is endowed with a birthright of professional knowledge is a pernicious theory against which we trained nurses must be permitted to protest. Such a supposition is treating our skilled work with contempt.

As hostesses, welcoming our sick and wounded soldiers as honoured guests, these ladies fulfil a gracious function; as Lady Superintendents, Matrons, and Supervisors of Trained Nursing, masquerading in the garb of the professional nurse, they are as inadmissible as they are ridiculous.

V.—PROFESSIONAL UNIFORM.

In this connection another result of excluding professional opinion in the organization of the British Red Cross Society, was the adoption by the Uniform Sub-Committee (composed of two peeresses, one peer, and a medical practitioner) of trained nurses' uniform in its entirety, for members of Voluntary Aid Detachments, not only when on duty as nurses, in the wards, but when employed as orderlies, cooks, hall porters, and in other domestic avocations.

VI.—DANGER OF DIRT.

To substitute inexperienced members of Voluntary Aid Detachments for experienced domestic workers in voluntary hospitals is not without risk. The majority of these women are unused to hard domestic labour, and without such labour a safe standard of cleanliness cannot be maintained in any department of these institutions.

In this connection we would draw attention to the fact incorporated in the statements *re S*—— (Appendix 1), *C*—— (Appendix 2), and in a letter quoted in Appendix 4, that scarlet fever, septic throats, and diphtheria are reported to have developed respectively in the institutions criticised.

VII.—UNTRAINED NURSES AT THE FRONT.

No sooner was war declared in August, 1914, than hundreds of women of all ages offered themselves for a few weeks' training in hospitals, and contrary to the best interests of the sick and the nursing profession, hundreds of them were, and are being, received into the wards of even our best training schools, and after two or three weeks' experience are free to wear nurses' uniform, and attend on the wounded in various capacities at home and abroad. A College of Ambulance was also opened in September, in Vere Street, London, W., to train women and grant Certificates of Proficiency in Nursing after a few weeks' instruction.

The disputed question of whether or no untrained women have proceeded to the Front to attend the wounded can no longer be denied (Appendix 5)

VIII.—QUESTION OF FINANCE.

In petitioning the Secretary of State for War to prevent the expenditure of the munificent subscriptions of the public on inefficient nursing we may emphasise that the public have subscribed, through the *Times* Fund alone, over £800,000 for the care of the sick and wounded, and they unquestionably intend that a very considerable proportion of that Fund should be spent on providing skilled nursing, and domestic management, in Military Auxiliary Hospitals.

1. It may here be noted that it is constantly asserted that none but nurses with a three years certificate of training have been selected as nurses by the British Red Cross Society or the St. John Ambulance Association. Assuming this to be correct, it does not dispose of the fact that hundreds of Military Auxiliary Hospitals, approved by the War Office for the care of the sick and wounded, are overrun by members of Voluntary Aid Detachments of these societies working as nurses, and of its consequent responsibility for the inadequate standard of nursing maintained.

2. That young Commandants, responsible in these institutions for the expenditure of large sums of public money, are not required to have had any experience whatever in the management of a public institution (Appendices 2 and 4).

CONCLUSION.

As Founder of the International Council of Nurses, and President of the National Council of Trained Nurses of Great Britain and Ireland, it may be assumed that I possess a somewhat extensive acquaintance with the organization of Trained Nursing. But, as I propose to conclude this Report with certain specific suggestions for the improvement and extension of Military Nursing, I may be permitted to explain that for the last twenty-five years I have taken an active part in Military Nursing reform.

In 1887, at his request, I drew up and presented to the then Director-General of the Army Medical Service—Surgeon-General Mackinnon—a scheme for a Volunteer Nursing Corps, the suggestions contained in which, though considered inopportune at that time, were, in a large measure, carried into effect some twenty years later by the formation of the Territorial Force Nursing Service.

In 1894 I submitted a scheme (which was adopted) to the Royal British Nurses' Association for the formation of an Army Nursing Reserve. Later, under the title of Princess Christian's Army Nursing Reserve, such a scheme was accepted by the War Office. Ultimately such a Reserve of nurses was added as part of the organization of Queen Alexandra's Imperial Military Nursing Service.

In 1907 I studied the details of Military Nursing, while serving at the seat of war in Greece, as Hon. Superintendent of the Nursing Department of the National Fund for the Greek Wounded, and by request of H.R.H. the Crown Princess—now the Queen—of Greece, as Inspector of Nursing of the Military Hospitals in Athens.

In 1901 I prepared a Memorandum, presented by a Deputation from the Matrons' Council of Great Britain and Ireland, to the Secretary of State for War on April 2nd of that year, for the re-organisation of the Army Nursing Service, the principal provisions of which were included, almost in their entirety, in the regulations adopted for Queen Alexandra's Imperial Military Nursing Service in September, 1901.

In 1909 I joined the Mansion House Committee of the Territorial Force Nursing Service for the City and County of London on its formation.

In September last I submitted to the Director-General the outline of a Scheme for Social Service in relation to Military Recruits, providing for (a) scientific domestic management; (b) personal hygiene; (c) preventive nursing. I was invited to elaborate this Scheme, but pressure of other duties has prevented me from complying with this request, and further consideration showed me that it forms only one section of a large and comprehensive Scheme for the Preventive and Active Nursing of the Soldier from the day he enlists to the day he is retired from active service.

PRACTICAL SUGGESTIONS.

EXPERT COMMITTEE REQUIRED.

As a practical outcome of the Report I have now presented, I venture to suggest that the War Office should, as soon as possible, appoint a Committee, representative of the various Departments which are now engaged in organizing the nursing of sick and wounded soldiers, and including also independent experts on Military Nursing.

1. To enquire into the present conditions of the nursing in Military Auxiliary Hospitals in the United Kingdom, and to report fully thereon, in order that they may be efficiently organized.

2. To consider and report on a comprehensive Scheme for the Preventive and Active Nursing of the Soldier, and for the co-ordination and extension of Military Nursing at home and abroad.

ETHEL G. FENWICK,

*(President, National Council of Trained Nurses
of Great Britain and Ireland)*

To the DIRECTOR GENERAL,
ARMY MEDICAL SERVICE,
War Office, London, S.W.

31st December, 1914.

APPENDICES.

IN SUPPORT OF THE RESOLUTION AND STATEMENT SIX APPENDICES WERE SUBMITTED.

APPENDICES I. AND II.

Instances of Dangerous Interference of Untrained Women in the Nursing of the Sick and Wounded Soldiers. Signed Reports.

APPENDIX III.

Nurses' evidence taken by Mrs. Fenwick.

APPENDIX IV.

Extracts from numerous letters received by Mrs. Fenwick.

APPENDIX V.

Untrained Nurses at the Front.

APPENDIX VI.

Names and portraits of a few of the many untrained ladies who have adopted the professional title of Lady Superintendent or Matron, and others in attendance on the wounded who have assumed the uniform of the Trained Nurse.

A QUESTION FOR THE PUBLIC.

A letter dated 25th January, 1915, has been received by the President of the National Council of Trained Nurses from Sir Alfred Keogh, "for the moment" Director-General of the Army Medical Service, in reference to the foregoing Statement, which will be laid before the National Council at an early date.

Suffice it to say that there appears to be no immediate hope of the reorganization of the system of nursing in Military Auxiliary Hospitals upon the initiative of the Army Medical Service.

To those who have urged Army Nursing reform in the past, this attitude upon the part of the War Office is strictly according to precedent, and yet the pressure of public opinion has ultimately compelled reform.

We may therefore anticipate the same beneficent result from the further enlightenment of the public on the present demand for the "highest quality of nursing for men risking their lives in the defence of the Empire."

THE BRITISH JOURNAL OF NURSING is at the disposal of the Nursing Profession for this purpose.

THE COLONIAL NURSING ASSOCIATION.

The nurses of the Colonial Nursing Association have been identifying themselves with the present war, and interesting accounts have been received from various Colonies of the work they have been called upon to undertake in nursing the wounded. From the Straits Settlements, for instance, a description has been received of the recent attack on some Russian cruisers in Penang harbour by the *Emden*. On that occasion the Government Hospital was suddenly called upon to receive 114 wounded men within a couple of hours. The native wards, which had to be utilised for this purpose, were cleared for them at a moment's notice, and efficient arrangements for the reception of the wounded were carried out.

On the coast of Africa, also, Colonial nurses have proved themselves invaluable, their services having been requisitioned on a hospital ship off Duala, Cameroons, and in Nyasaland a nursing sister describes how a colleague and herself, after having been called upon to convert a large empty house into a hospital for the wounded, with very little equipment, were, on the completion of their work, suddenly ordered to assemble, together with all the inhabitants of the place, in a large square, which was surrounded by a brick wall some five feet in height. Here, defended by about sixty native soldiers, officered by seven white men, they passed through a most thrilling time, which is best described in the Sister's own words:—

"The attacking force was estimated at between three and four hundred, and they broke the silence by one solitary shot, quickly answered by us, and then the noise soon became deafening. The enemy's Maxim guns seemed to be at our very gate, instead of so many hundred yards away, and the shouts and yells of their native soldiers made one rather wonder as to what would happen should we fall into their hands! At first their shooting was rather erratic, but gradually they began to find the range, the bricks of the wall were being hit, and dangerous pieces soon began to fly about, branches of trees and leaves were falling, as if blown down by an autumn gale. Holes soon appeared in the corrugated iron roofing of some sheds. Altogether, things were quite exciting enough!

"The doctor was at the other end of the square, and seemed to have all the wounded, for we only had one on our side. We dressed him between us and placed him, as we thought, out of danger, but he had only been there ten minutes when he was hit again, so another dressing was required, and again he was moved. A native soldier was hit in the head and killed outright at the very beginning of the fight, another was also struck in the same way, and lingered, unconscious, until evening. A European, too, got his eye nearly put out by a piece of flying brick, and at one time it looked as though our gallant little band of defenders was very soon to be disposed of. The bullets were so thick and fast around us that we women had to lie

down flat on the ground, only getting up when there was something to be done in the way of giving out drinks, seeing about dressings, etc.

"After over three hours' hard fighting the bugle sounded the 'Cease fire.' At first we could not understand what it meant, or what could have happened. The suspense for a few minutes was awful. We soon discovered, however, that the relief column was in sight. They had fortunately heard our big gun in the distance, guessed that we were being attacked, and had made a forced march through most impossible country to come to our rescue, entering the place at the opposite side to where the Germans were. Meanwhile, the enemy were retreating, but our men were far too exhausted to follow them."

PRACTICAL POINTS.

Cracks in the Heels.

For cracks in the heels, if not too deep, caused by much walking in frosty weather, the following is a simple and effectual remedy: Wrap the heel in absorbent wool which has been wrung out in boiling water, cover closely with a piece of jaconet and a triangular bandage. Place the heel against a very hot water bottle and keep it there for two or three hours. Remove the dressing, and with a sterilised not too sharp knife blade held horizontally, scrape away as much as possible of the now softened callous skin. Then rub Borofax into the crack and surrounding skin. If necessary repeat the treatment every twenty-four hours until the heel regains a normal condition. The doctor should be consulted about deep cracks, which may require strapping to assist healing. To prevent recurrence rub Vaseline or Borofax into the heel every day.

Care of Rubber Articles.

The *Interstate Medical Journal* (U.S.A.), says that the deterioration of rubber tubing, gloves, &c., can be lessened by keeping in a cool place and kneading them thoroughly once a month. A more efficacious method is to place them in a deep vessel of enamelled ware made with a false bottom, in which the articles are laid. Beneath this is placed a layer of absorbent cotton saturated with coal oil. The false bottom is perforated, so that the rubber things upon it are enveloped in the vapor of petroleum, a tight cover on the vessel preventing the escape of the vapor. The rubber retains its elasticity indefinitely if the oil is renewed every three months: it must not touch the articles. Rubber that has begun to get hard and brittle may be softened by kneading it in a warm 5 per cent. solution of ammonium chloride and then in a warm 5 per cent solution of glycerine. It should drain and dry in a cool, dark place.

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EDITORIAL.

PERFECTLY SPLENDID.

Six months of the war have now passed. What say the women of the Empire? We know what the world is saying of British women, and that is that they are perfectly splendid.

On the women has fallen the sorrow of seeing their men go forth to face danger, hardship, and may be death. With courage they have bidden them God speed, and, as women of old buckled on the armour of their chosen knights, the women of to-day have supported the men at the front in their difficult task; and in the words of a soldier in the trenches "love and comfort flow out from you to us, and keep up the morale without which an army is more useless than without its food."

Again, putting their private anxieties aside, the women of the Empire have freely placed their services at its disposal, and have found scope for a great diversity of talents. Through the Queen's Needlework Guild, and other channels, clothing and comforts have been abundantly supplied to sailors and soldiers on active duty, and in hospital, thus saving them an infinity of suffering.

Also realizing, from their own anxiety and loneliness, the troubles of the wives of the rank and file on active service, and the few distractions they have as a relief, many women have done all in their power to alleviate these conditions. Social clubs have been established where lonely wives may meet for rest, refreshment, and keeping up of spirits.

Further, the women members of the Order of St. John of Jerusalem in England have shown the same devotion which has inspired their predecessors throughout the 800 years of its beneficent work for humanity.

The Special Committee of Ladies of the Order, of which her Majesty the Queen is

President, has been formed to provide hospital, medical, and other comforts for the sick and wounded; and the Nurses' Department, under the Joint War Committee composed of representatives of the Order, and of the British Red Cross Society, which has been entirely organized since the outbreak of War, offers to nurses a means of volunteering for home or foreign service. Through the British Red Cross Society numbers of women have found an outlet for their activities, and many are undertaking daily the dull routine business of the Headquarters Office.

It is certain that numbers of women are so inspired with the spirit of patriotism that if permitted, it would take them right into the firing line. To these the Women's Volunteer Reserve, formed by the Women's Emergency Corps, offers a congenial and healthy outlet.

Medical women are proving their value in the hospitals of the Women's Hospital Corps, and the masseuses, in no way behind the doctors and nurses are doing good service through the Almeric Paget Massage Corps.

Space only permits brief reference to the patriotic work done under the auspices of the National Union of Women's Suffrage Societies, the American Women's War Relief Fund, the French Flag Nursing Corps, the Women's Patriotic League, the Serbian Relief Fund, and many other societies. Nor must we omit to mention that the help of nurses from Canada, from Australia and America, and far Japan has been freely given to the sick and wounded of our Army and those of our Allies.

Mention must also be made of the work of women for the dear, brave, patient animals, indispensable, more's the pity, in the conduct of war. Indeed, no one will deny that the spirit animating women throughout the world is perfectly splendid.

OUR PRIZE COMPETITION.

WHAT PRECAUTIONS WOULD YOU TAKE IN THE CARE OF AN ENTERIC PATIENT TO PROTECT YOURSELF AND OTHERS FROM INFECTION?

We have pleasure in awarding the prize this week to Miss Amy Phipps, St. George's Infirmary, Raine Street, London, E.

PRIZE PAPER.

In considering prophylaxis in connection with the nursing of enteric fever, we may divide our subject into two main sections:—

(1) The attempt to secure immunity, either whole or partial, from the disease.

(2) Whether or no this object has been secured, the carrying out intelligently of the laws of sanitation, in connection with the prevention of the spread of the disease, in every detail.

Our first section brings us face to face with one of the greatest scientific triumphs of the age, namely, anti-typhoid vaccination. As is well known, typhoid or enteric fever is due to the presence of a pathogenic germ, Eberth's "bacillus typhosus," which is circulating in the blood, and is characterised anatomically by ulceration of the lymphoid tissue of the intestines, and swelling of surrounding glands. It is a motile, non-spore bearing germ, found in the blood and internal organs, and in large numbers in the urine and faeces, and can live in water and soil.

The bacillus, it must be remembered, is a minute living organism ("a contagium vivum"), each cell being capable of living a complete life. The bacteria multiply by the division and subdivision of each cell, the process being carried on with such rapidity that it has been said that a single cell will sometimes increase in twenty-four hours to 17,000,000; hence the necessity for prompt treatment. The process of inoculation against typhoid fever consists in the injection into the tissues of a small dose of anti-typhoid serum, followed in ten or fourteen days by a larger dose. The serum is prepared with every aseptic precaution, many millions of bacilli often being used in the preparation of one dose.

The seat of injection, usually the flank, abdomen, or shoulder, is thoroughly washed, and the needle of the sterilized syringe inserted deeply under the skin.

Wherever there is special danger of typhoid infection, this is always a wise precaution, and the results achieved by it, as shown by published statistics, prove it to be a highly successful proceeding.

Our second section includes all the municipal and domestic means that aim at securing pure supplies of milk and water and well laid drains.

There must be a clear understanding of the source of infection, and the relative values of germicides and disinfectants in dealing with it, so that there is the minimum of danger of infection. We have seen that the germ is often introduced by contaminated water or milk, or from the dried discharges of typhoid patients.

In nursing, the patient should be isolated, if possible, in a large, airy room, with plenty of sunlight. The nurse should wear a large over-all and a cap, taking in all hair, both of which should be discarded outside the sickroom: she should take plenty of fresh air and good food, and should wear rubber gloves when attending to excretions, and wash and disinfect her hands frequently, particularly before food, which must never be taken in the sickroom.

All utensils used in the sickroom must be kept exclusively for the patient, and must either be destroyed or boiled before coming into general use.

The patient and bed must be kept very clean; all soiled linen must be placed in a receptacle at the bedside, and steeped for at least half-an-hour in an efficient germicide, before going to the laundry.

Evacuations from the bowels or bladder must be received into perchloride of mercury, 1 in 500, or some other efficient preparation, and afterwards covered with the same, or with quicklime. The water-closet where evacuations are disposed of should not be in general use, and must be kept well flushed with strong disinfectants. A better proceeding is for these discharges to be burnt immediately on a hot fire, but the convenience to do so safely is seldom present. If excreta are to be kept for examination, they should be covered with glass, and placed out of contact with others; if left uncovered, infection may be carried by flies to food, &c. All drinking water and milk must be well sterilised before use, for all members of the household. The general health should be kept at as high a level as possible, and the general house sanitation should be put under expert supervision.

All papers used in the sickroom must be burnt after use.

It must be remembered that the urine often contains the germ, even after convalescence is well established, and therefore these measures must be continued until all possible danger is over.

When recovery is complete, the patient should have a disinfectant bath, and clean

clothing, and the bedding and sickroom should be thoroughly fumigated.

Miss M. H. Griffith writes :—A nurse should always bear in mind that the source of infection lies in the evacuations, urine, and discharges of a patient suffering from enteric fever, and that the infection may be carried by (1) herself, (2) the patient, (3) the surroundings of the patient. She must therefore take the following precautions :—

(1) As regards herself, she should never go on duty fasting; she must be in good health; she should go out in the open air daily. She should keep her fingernails cut short, and always use a nailbrush when washing her hands, which she should never omit to do after handling soiled linen, before handling or serving food, and before partaking of food herself; it is advisable for her to eat all her food with a knife and fork.

(2) As regards the patient, the patient must be isolated; the bed and body linen, also the patient's skin, must be kept scrupulously clear of any contamination by faeces or urine. Materials used for cleaning the mouth and any other discharges must be burnt immediately after use.

One very important point is that everything used by an enteric patient—crockery, linen, bedpan, &c.—must be marked in so distinctive a way that there can be no possibility of its being used by mistake for anyone else. On a dresser in the diet kitchen of the Preliminary Home at Guy's Hospital there is some crockery with a broad red cross from one side of the plates to the other, which sets them apart so distinctively that the newest Pro. could not suppose they were for ordinary use. The importance of separating the crockery used by infectious cases is thus impressed on the pupils.

HONOURABLE MENTION.

The following competitors receive honourable mention :—Miss M. H. Griffiths, Miss S. Simpson, Miss H. J. Pryer, Miss D. Vine, Miss B. M. Dolan, Miss J. Robertson, Miss P. Jones.

QUESTION FOR NEXT WEEK

Give symptoms and treatment of opium poisoning.

Nurse Tonge, of the Bagley and District Nursing Association, has received the badge for 21 years' service from Queen Victoria's Jubilee Institute, and is greatly to be congratulated upon such a splendid record of devoted work for the poor.

THE PREVENTION OF FROST-BITE.

Sir R. Douglas Powell, writing in the *Lancet* on "The Prevention of Frost-bite," says that :—

"There are some points in the prevalence of frost-bite affecting the Expeditionary Force which are worthy of careful consideration with a view to prevention. In the first place, it is not mere cold that produces frost-bite. The attacks with our soldiers are limited almost entirely to the feet, from the minor degrees in the form of chilblains through all the further stages up to positive gangrene. If we look to the accounts of Arctic and Antarctic experience we find frost-bite mostly in exposed parts—face and hands—and chiefly accounted for by the prevalence of wind in association with low temperature. When the feet have been attacked it has mostly been in association with wet. In the trenches, in which frost-bite is almost exclusively met with, the conditions present are those of water or mud slush with low temperature; a temperature, however, far above the highest met with in the Arctic or Antarctic winters. Further conditions to which frost-bite is attributable are long maintenance of the upright posture with general fatigue and lowered vitality from exposure. It is obvious, however, that amongst the important contributory causes must be mentioned: (1) any tightness of leg gear causing a constriction of circulation; and (2) ill-fitting boots having the same effect. If the precautions mentioned by Mr. A. W. Mayo-Robson as laid down in the Army Medical Regulations be observed these latter causes will be obviated. No doubt sound and more or less water-tight boots are of some value; but it practically is the case that the soldiers are oft-times well over their boots in water or slush, so that the soundness of the boot in this respect is of little avail. It has been suggested that the men in the trenches should wear water-tight thigh boots something after the fashion of those used by our sewer inspectors. But it should be remembered that the men must be fit at any moment for skirmishing, quick marching, or hand-to-hand fighting, in all of which foot agility is of the utmost importance. In a charge or bayonet encounter foot work is as important as in boxing or fencing, and to handicap feet and legs by cumbersome boot gear would be to sacrifice the men's efficiency, and often their lives, to the comfort of their feet.

"Returning to the etiology of this matter, I would point out that frost-bite in the present war is due (1) to the feet becoming sodden with water and their circulation and vitality thus

depressed; and (2) to long exposure to a considerable degree of cold, a degree, however, to which the dry foot would be resistant. In the rational treatment of such cases with a view to prevention, it is of the first importance to render the feet less permeable to moisture. This indication may be best met by their anointment with some greasy material with low hygroscopic properties. It is well known to swimmers that anointing with fatty or oily material enables them to withstand cold, but the value of an application of low hygroscopic power for persons whose feet are passively subjected for hours or days to water or half-frozen slush is, perhaps, not sufficiently realised.

"Mr. Squire, of Oxford Street, has prepared a foot ointment answering the four requirements: (1) resistant to water penetration; (2) mildly stimulating and antiseptic; (3) readiness for use; and (4) not too expensive. After a good deal of trouble and investigation, he has produced an ointment of purified suet, camphorated, and with 5 per cent. eucalyptus oil, supplied on the pattern of a shaving stick in a metal case with smooth rounded edges. The solid ointment is pushed up from the bottom, and when rubbed over the surface leaves a smooth application of the ointment. A special advantage of this ointment is that its absorbing power for water is only 5 per cent., whereas most other greasy materials, such as lard, lanoline, &c., have an absorbent power for water of about 30 per cent. Mr. Squire has also prepared on the same lines a second ointment from palm oil sufficiently stiffened for the purpose, but containing only vegetable ingredients, so as to meet the requirements of our Indian troops, to whom all animal fats are repugnant.

"A limited trial of the first ointment has given so far satisfactory results, but it is, of course, too early to draw practical conclusions. Meanwhile 'the rain it raineth every day' and the cold is bitter for our officers and men."

THE INTERNATIONAL COUNCIL OF TRAINED NURSES.

An informal meeting of the United States Committee of the International Council was held in New York on Tuesday, January 19th, 1915, at 7 p.m. There were present Misses Dock, Cooke, Noyes, Nutting, Delano, Riddle, and Goodrich.

Miss Dock reported that Mrs. Bedford Fenwick and the representatives from India, Japan, New Zealand, China, and Holland had written that they would be unable to attend. Sister

Agnes Karll, Germany, had not been heard from, nor had Australia nor Finland communicated with her officially.

Moved, seconded, and carried that the Florence Nightingale Committee be retained in office to continue the work of raising the fund for the Chair of Nursing when it again became possible to do so.

Moved, seconded, and carried that the loan made by the American Nurses' Association for the Florence Nightingale Memorial be returned, except \$25, and the money expended for expenses already incurred. (About \$300 had been advanced by the American Nurses' Association.)

Moved, seconded, and carried that the Jane Delano Prizes for the Inventions be withdrawn, and be offered for a future International Congress.

Miss Dock stated that Denmark had extended an invitation to the International Council for 1918, and suggested Mrs. Henny Tscherning as President. (This invitation had been extended in 1912, and Mrs. Tscherning has asked for an immediate decision.)

It was the sense of the Committee that a brief business meeting be held in San Francisco to appoint the officers for the next meeting of the International Council and to consider the place of meeting.

(Signed) ANNIE W. GOODRICH, *Chairman*.

Miss Dock writes:—

It seems to me it would be the best arrangement to hold the next meeting of the International Council at Copenhagen, and likely to give general satisfaction. We do not know when this war will end, and an interim meeting seems to me very dubious. After the financial exhaustion probably nurses will not consider the United States, as it costs so much to come here, and Denmark is easily reached by all.

I now learn that the San Francisco date for nurses' meeting is likely to be changed to the third week in June, as that is much more convenient for our local members. We had desired to spare the foreign members the heat of our summer, and so had set the earlier date for them. . . . Every circumstance at home and abroad impresses me most forcibly that women have already as Roskie Schwimmer says, "waited too long." "Suffrage first," is our slogan now. Love to you all, and hopes and anticipations of a happier time in 1918.

A meeting of the National Council of Trained Nurses will be held on Saturday, 27th February, to elect delegates to attend the Business Session of the International Council at San Francisco in June, and instruct them as to voting on elections, place of next meeting, and other business which may arise. Also to consider the report and greetings.

OUR COLLEAGUES FROM THE FLOWERY KINGDOM.

The members of the Japan Red Cross Relief Corps to Great Britain had the honour of being received by Queen Alexandra at Marlborough House, on Friday last. The unit included Dr. Jiro Suzuki (Chief Surgeon), Dr. Tsuneyoshi Oshima, Miss Yao Yamamoto (1st Head Nurse), Miss S. Kiyooka (2nd Head Nurse), Mr. M. Kuwabara (business manager), Mr. N. Otsuka (interpreter), and the 15 nurses, all of whom were included in the picture of the contingent which we published last week. Mr. Henry Bonar, on behalf of the War Office, was in charge of the unit; and the Hon. Arthur Stanley, Chairman of the Executive Committee of the British Red Cross Society, and other officials were present. The members of the Corps were presented to Her Majesty by the Earl of Onslow, the nurses being specially introduced by Miss Yamamoto, whose portrait we have much pleasure in publishing on this page.

In addition to the seventeen nurses who travelled across America, four more members of the unit who travelled by way of India—the longer route—hope to join it.

Arrangements have been made to accommodate the Japanese Nurses in two of the patients' huts at the British Red Cross Hospital, Netley, where some structural alterations have been necessary to provide suitable bathing accommodation.

The Japanese Red Cross contingent, now at Netley Red Cross Hospital, were warmly welcomed in New York as they passed through on their journey to England. An American journalist writes in the *Evening Sun*:—

"Don't you usually think of Japanese women as flitting about beautiful gardens under perpetually blooming peach trees and wistaria vines or sitting on mats in quaint little bamboo houses, drinking tea and greeting guests with low, low bows and always wearing exquisitely embroidered silken kimonos and carrying fans?"

"One almost invariably thinks of Japanese women in story-book terms, so it fell rather strangely on American ears, this news that a score

of Red Cross nurses from the Flowery Kingdom had arrived in New York en route to England. One had never thought of Japanese women going out of their homes to be nurses, yet here they were, at the Hotel Astor, a bit weary of the long days of travel across the Pacific Ocean and our United States, a bit awed at the bustle of Times Square and the huge hotel and the prompt appearance of callers, reporters and photographers.

"Up to the roof garden they all trooped obediently—this at the photographer's behest—seventeen little Japanese women, quiet, demure, ready to please, and very much interested in the proceedings. 'We have been shot so many times in America,' said one with a deprecatory gesture.

"Nursing has come to be quite a popular profession for women in Japan, according to Miss Yamamoto. The organisation of Red Cross Nurses is an integral part of Japan's military system and is directly under Government supervision. And it is a very democratic institution in spite of the aristocratic traditions of the country. No caste is recognised in the training schools, to which young Japanese women who have passed the requisite examinations are admitted; merit reigns supreme. And these decorations bestowed for excellent services are a guarantee of a pension when the years of active duty—fifteen or so—are over. Each medal means a certain amount of money given by the Government annually.

"Where did you get your medals?" one asks Miss Yamamoto, fortunately remembering her manners and bowing. The Japanese lady bowed in return and began to explain very modestly. "This is from Russia, and this, too; this from China—and these"—one never learned just what the several others meant; but they all came from foreign kings and emperors.

"The Japanese nurses are among the most highly skilled in the world, having a very thorough three years' training. They are in touch now with the International Council of Nurses, of which Miss Annie W. Goodrich of Teachers' College is president and Miss Lavinia Dock of the Henry Street Settlement is honorary secretary.

"It was about fifteen years ago," explained



MISS YAO YAMAMOTO,
Head Nurse, Japan Red Cross Relief Corps to Great Britain.

Miss Dock, who arrived with an armful of pink roses for her Japanese friends, that Miss Linda Richards, one of the first graduate nurses of this country, undertook to train some Japanese women as nurses. She began her work in a small mission hospital and it was not popular with the Government at first. Later they awoke to its importance and studied systems of training nurses in the United States, France and England, put up pictures of Florence Nightingale in their hospitals, and established a fine three years' course of training. When the War with China broke out Japan sent a corps of finely trained women nurses to the front. Again in the war with Russia they distinguished themselves. Before that time no one had realised what a fine system of nurses and doctors the little tea-garden country possessed, and when the United States sent over a big squad of them they were really superfluous.

"Japanese nurses, however, do not go about independently on private cases, as they do in this country. They are carefully protected and chaperoned, and are directly under the supervision of the Government. Now, however, there is a movement on foot to establish district nursing among the poor."

The Japanese delegates form a most picturesque and charming addition to the gatherings of the International Council of Nurses, and were quite the "pets" of the great Congresses of London and Cologne.

THE NATIONAL UNION OF TRAINED NURSES.

In connection with the above a course of lectures is being arranged, to be held in the Nurses' Club, Bold Street, Liverpool, the first of which was held on January 21st.

Dr. Nevins was the lecturer, and took for his subject "Tuberculosis."

The next lecture took place on February 3rd, when Dr. Vera Foley lectured on "Venereal Disease as it affects Women."

The first annual business meeting was held on January 27th at the Nurses' Club. Miss Drysdale presided, and the Hon. Secretary and Hon. Treasurer submitted their reports, both of which were highly satisfactory. The committee was re-elected, with the addition of Miss Golding and Miss Lee in place of two resigned.

Owing to Territorial work, Miss Leigh Clare resigned her post as Hon. Treasurer, and it was accepted with much regret by all present. The committee has been fortunate in securing Miss Bramwell, Eye and Ear Infirmary, to take her place.

The Nurses' Club is now open daily, and all members of the Branch are eligible for membership. It is very cosy and comfortable, and an ideal place to spend two hours off duty on a wet day or to meet friends.

M. M. TIPPER, *Hon. Secretary.*

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.



The Annual Meeting of the Matrons' Council of Great Britain and Ireland was held at 431, Oxford Street, London, W., on Friday, January 29th; in the unavoidable, and much-regretted, absence of the President, Miss M. Heather-Bigg, through indisposition, the chair was taken by Mrs. Bedford Fenwick. In spite of the many claims upon all Matrons just now, there was an excellent attendance of members.

CORRESPONDENCE.

The minutes of the previous meeting having been read and confirmed, Miss A. E. Hulme, the Hon. Secretary, reported letters and messages of regret at inability to attend from a large number of members.

One member who was unable to attend, as the institution of which she is Matron is at present full of wounded soldiers, brought before the Council "the habit of too many Sisters and nurses of accepting 'souvenirs' from their soldier patients." In this connection she wrote: "Several times I have heard men say regretfully that they had a 'souvenir' brought from Belgium or France, and that the Sister in such and such a hospital had asked for it. It seems to me most unfair. The men are generous to a degree, but it is not fair to take advantage of their generosity. By the time they reach their own friends there is hardly a thing left in their possession. I have even known of one Highlander whose kilt was asked for so often that at last he gave it to his nurse."

Miss Mollett remarked that she knew of a nurse whose League Badge was such an object of envy that a soldier patient insisted upon keeping it—no doubt as a souvenir.

Miss Hulme also reported that the resolution passed at the last meeting in reference to the suicide of Miss Charlotte Phipps, Superintendent Nurse at the Barnet Workhouse, expressing the opinion that the anomalous position of a Superintendent Nurse, as defined in the Orders of the Local Government Board, was primarily responsible for the tragedy, had been forwarded to the Local Government Board and the Barnet Board of Guardians, and

acknowledged by them, the Clerk to the Guardians also stating that they had forwarded a copy to the Local Government Board.

The Chairman remarked that it was very satisfactory that the Guardians, in taking this action, had endorsed the resolution of the Matrons' Council.

APPLICATION FOR MEMBERSHIP.

On the proposition of Miss Carruthers, Miss Helen Clayton, Superintendent of the Kensington District Nurses' Home, was unanimously elected a member.

HON. TREASURER'S REPORT.

Mrs. Walter Spencer, Hon. Treasurer, next presented a very satisfactory Financial Report. Including the balance in hand on January 1st, 1914, the receipts amounted to £49 13s. 4d., and the expenditure to £28 8s. 8d., leaving a balance in hand of £21 4s. 8d.

HON. SECRETARY'S REPORT.

Miss A. E. Hulme presented the Annual Report, which stated that the January and October Meetings were held in London, and the April Meeting at Rochester, where, by invitation of Miss Pote-Hunt, the Matron, and the Committee of St. Bartholomew's Hospital in that city, the meeting was held in the Nurses' Home. Subsequently the members of the Council were entertained to tea in the Board Room, after which the Chairman, Mr. Charles Willis, on behalf of the trustees, welcomed the members of the Council to the hospital, and then introduced Mr. Paul Matthews, M.A., who gave a delightful address on "Dickens, Thackeray, and George Eliot" contrasted.

Miss Callaghan, Matron of the Taunton and Somerset Hospital, consented to represent the Council at the Annual Meeting of the National Council of Women of Great Britain and Ireland arranged to be held in Bristol in October, but owing to the outbreak of war the Meeting and Conference were abandoned.

Miss E. M. Musson, Matron of the General Hospital, Birmingham, and Miss E. Barton, Matron of the Chelsea Infirmary, represented the Council when a Deputation from Societies interested in the State Registration of Trained Nurses, organized by the Central Committee for the State Registration of Nurses, were received at the Home Office by the Secretary of State for the Home Department on July 30th.

The Report further stated that twenty-two Matrons had been elected to membership during the year.

It was agreed to incorporate some information as to the work of members in connection with the war. The Report was adopted.

ELECTION OF VICE-PRESIDENTS.

Mrs. Bedford Fenwick and Miss M. Huxley were re-elected as Vice-Presidents, and Miss A. Smith, Matron of the Kingston Infirmary, and Miss E. M. Walnd, Lady Superintendent of Galen House Private Nurses' Institution at Guildford, were elected Vice-Presidents in place of Miss M. N. Cureton and Miss G. Knight, who retired in rotation.

The Hon. Treasurer, Mrs. Walter Spencer, and the Hon. Secretary, Miss A. Hulme, were unanimously re-elected, and a vote of thanks to the Hon. Officers for their services during the year brought the business meeting to a conclusion.

Tea was then served, and much enjoyed, and the presence of Mrs. Holgate and Miss Dalrymple from New Zealand added to the pleasure of the gathering.

A. E. HULME, *Hon. Secretary.*

WOMEN AND THEIR WORK DURING THE WAR.

Miss M. Mollett then opened a discussion on "Women and their Work during the War" with a short paper. She said:—

We are all, in the present-day popular phrase, "doing our bit" or "attending to our job"—man and woman, and boy and girl, we are all so keen on keeping the old ship afloat, and seeing her safely through, that we have little or no time for talking things over. Yet it is really a good thing for us to meet sometimes and do some talking.

For myself, I find it difficult to settle to the printed word; there is something about talking more alive, more real, more in keeping with the electric current in the air, that makes for action, and not for study or contemplation.

Three W's will engage our attention to-day—Women, Work, and War. A year ago there were many who held that the World War was impossible, either because of its cost, of the interests involved, of the shock it would be to modern civilized nerves, because the slaughter caused by modern civilized instruments of warfare would be too terrible, or for other reasons. The optimists were wrong. We have a war to-day so costly that it exceeds the fabulous dreams of Eastern genii, a war relentlessly indifferent to all interests but those which can be threshed out on the battlefield.

Modern civilized humanity has recovered with great rapidity from its first shock, and is chiefly remarkable for the keen and intelligent interest it takes in such details of the struggle

as are allowed to filter through, whilst, as to the slaughter, the combatants have long set their teeth, and the warring nations watch their bravest and best march to the great struggle with veritable Spartan determination.

Wherever a hero has fallen
Another must take his place.

There have been few wars in which the sitting, and waiting and weeping amongst women have been more conspicuous by their absence.

"For men must work and women must weep" has gone out of fashion. The present is the supreme moment for men to prove their manhood, and for women their womanhood, that they are neither dolls nor puppets.

There is a certain lightheartedness in the air. War is terrible, but it somehow awakens our pride and belief in humanity. You cannot do more than die for your convictions, and when whole nations stake their very existence for their pride and honour, pettiness dies, and you stand in with your country. And women, too. There is only one question for women to-day. That is, What can I do to help? What is my proper place in this emergency?

The first thing to be done is to strip the question of all exaggeration, all that leads to panic legislation. For those women who have a "job"—useful work to do in the world—I strongly feel they should stick to it. The much-quoted "business as usual" saying is a good one. Women's work, the ordinary daily routine, may well be called the cement that binds together the great structure of our own stability and prosperity, and he would be a bold man who would undervalue it. But the fact remains, and it is undeniable, that the drain on our working manhood is, and must be, very great, until this tyranny be overpast, and where we can, those of us who are free, must help to fill in the gaps, and help to make "business as usual" a fact, and not a mere saying.

The following are a few of those callings about which I invite your opinion.

1. The scope and extent to which women might replace men, temporarily or permanently, in labour connected more or less directly with the land. That is to say, gardening, farming, and the care of animals.

2. Clerical and banking work. Accountant's work, &c.

3. Industrial work in factories and shops.

4. Driving and conducting, locomotive guards, motor driving, conductors of omnibuses.

5. Professional work.

Miss Mollett then described the organization of the Nursing Department at Highfield Hall

Red Cross Hospital, Southampton, where she has been acting as Matron, and which was recently described in this JOURNAL, and expressed the opinion that with a trained Matron, and an adequate proportion of trained nurses, untrained workers had a useful sphere as probationers, pantry maids, cooks, hall porters, &c. She took exception to the system adopted in some institutions, in which members of Voluntary Aid Detachments were on duty for half the day, but said that in all hospitals the arrangements were based on the probationer system, and women V.A.D.'s made better probationers than untrained male orderlies.

She spoke in praise of the keenness of many of the Red Cross workers, who got up at all hours to get to their work in time. Miss Mollett thought, further, that a large number so employed would ultimately enter hospitals for training.

An interesting discussion ensued, on which we shall touch next week.

REGISTRATION OF NURSES.

Mr. Asquith announced in the House of Commons on Tuesday the decision of the Government to take the whole time of the House for Government business for the time being, and providing that the House should not sit on Fridays. This will naturally lessen the chance of a second reading for the Nurses' Registration Bill, which will be introduced by Dr. Chapple. The members will presumably have more time to listen to our appeal in the Lobby, and those working for the Bill should miss no opportunity of instructing them in the national importance of the movement.

At the annual conference of the South Wales Nursing Association at Cardiff, Major Ewan Maclean emphasised the importance of nurses, and suggested that nurses should be granted "study leave," so as to enable them to get into touch with all the later medical and surgical developments. He maintained that the State registration of nurses must come. For the time being nursing must be carried on by voluntary bodies, but it was of immense importance that these voluntary bodies should get into touch with public bodies, and he hoped to see the day when the State would take on these voluntary agencies as "going concerns." It was all very well to regard nurses as ministering angels—and so they really were—but the nurses would have to be cared for in order that they might do their work for the community.

Three cheers for the Major!

NURSING AND THE WAR.

Queen Alexandra, accompanied by the Princess Victoria, visited the Second London General Hospital (St. Mark's College), King's Road, Chelsea, on Monday afternoon.

We are glad to hear all the Territorial Sisters and Nurses are, after their arduous six months' work, to have a holiday. Time flies away so quickly that we can hardly realise we have been under the war cloud for half a year!

a limited number of first class nurses are now disengaged. Several very efficient nurses in private nursing co-operations, inform us that they have offered three months' service in this new hospital, but that the minimum term of engagement is six months. We must, however, realise that good nurses are scarce, and three months' efficient help from those who can get this term of leave, should not be lightly discounted, although we all agree a year's engagement would be better.

An appeal for ten more fully trained nurses



[Photo]

[Topical.]

We have received several letters of thanks from nurses working in these hospitals, for having urged upon the authorities the necessity for more domestic help. Scrubbers have been engaged in many Territorial hospitals, and this help should do much to lessen the strain on the nursing staffs.

We hear there has been some difficulty in procuring the trained staff of Sisters and Nurses of nearly 300 required for King George's Hospital, soon to be opened in Stamford Street. The fact is that the nursing profession has been well picked over during the past six months, and only

has reached the National Union of Women's Suffrage Societies for the Serbian Unit which is installed at Kraquivat, twenty-five miles from Belgrade.

By the kindness of the Editor of *The Gentlewoman*, we are able to publish the accompanying illustration of the Grand Duchess George of Russia, and the nursing staff of a hospital established by her for wounded soldiers, at 1, Tewit Well Avenue, Harrogate.

Lady Pragnell has presented the joint committee of the British Red Cross and St. John Ambulance

Association with 2,000 pairs of fine white woollen mittens for the use of the nurses at the Front.

A most sensible appeal is being made by Frances Lady de L'Isle and Dudley for 200 pairs of india-rubber gloves, costing half-a-crown a pair, for the nurses of the St. John Ambulance Brigade Hospital of 500 beds, which is in preparation for service in France. There are many instances of nurses losing their fingers or otherwise injuring their hands from septic poisoning; and it will be readily understood that each of them should be provided with at least two pairs of these gloves, to protect them, as far as possible, from danger in their devoted work.

The Duchess of Westminster, who has been suffering with a septic throat, has left the hospital at Le Toquet for Cannes. Hospital life is somewhat more arduous than society women imagine. Lady Diana Manners was seen tripping into the Bath Club last week in full nursing canonicals. What a pity these ladies should assume this silly pose; they can be much more useful in their own social sphere, unless thoroughly trained.

The Millicent Sutherland Ambulance at Dunkirk, which has been partly closed lately, is we hear to be opened again. So far the Duchess has acted as Matron, with the natural result. Let us hope that for the future a really capable trained woman will be installed as Matron, and that she will be given adequate authority to maintain good discipline and order.

A message from the Front in the Caucasus gives a remarkable instance of heroism displayed by certain Russian Sisters of Mercy, who, with a hospital train, were temporarily captured by the Turks and afterwards rescued. After the capture of the train the Turks started to kill the wounded, but the Sisters threw their own bodies in the way. Many of the medical orderlies have also shown great bravery. One man rushed into the firing-line ten times, each time carrying out a wounded man on his shoulders.

Nurses in France are complaining they have not enough to do just now, but from Lisieux, Evreux, Deauville and other centres they appear to have had a busy time, and to be making their way into the esteem of unprejudiced people, whose heartfelt wish is the good care of the wounded.

THE ORDER OF LEOPOLD.

Lady Dorothy Fielding and Miss Chisholm, who went to Belgium on the outbreak of War, have been awarded the Order of Leopold by King Albert. For the last three months they have lived at Pervyse, and were in the town during its bombardment by the Germans. It is reported that Lady Dorothy's "five o'clock teas" among the ruins of the town have gained great fame amongst the Belgian officers.

FRENCH FLAG NURSING CORPS.

The members of the French Flag Nursing Corps are delighted at being sent into the War zone. Miss M. Sutton, of the Irish Unit, has gone with the following five members of the Registered Nurses Unit, from Bordeaux to the front—Sisters Rawlins, Lind, Hitchcock, Carmichael and Gill.

Miss C. Mitchell has also taken the Scottish Unit, consisting of Sisters Bennett, Hendrie, McKinnon and Simpson to Fismes, near Soissons. The Médecin Chef expressed sincere gratitude for their services at Havre and Dr. Dundas Grant, who was over in France, kindly looking after the interests of the Corps, saw them off from the station on the first stage of their journey to Paris.

Miss Ellison has been in Dunkirk attending to the comforts of the nurses, although these are not times to expect a luxurious environment.

Miss Hanning, Supervisor, F.F.N.C., as we reported last week, has taken her small unit into the war zone to nurse enteric. She writes: "We were never more surprised than when we received through the Médecin-en-Chef the order from the Minister of War to go to Paris next day for instructions to proceed to a hospital in the fighting line. We left Bernay next day. The medical staff at our hospital at Bernay were genuinely sorry to part with us; in fact, they could hardly believe we were to go, and wanted me to wire for us to remain. They really were sorry at our departure, and we had quite fifty persons to see us off at the station—several ladies of the Croix Rouge, all the doctors who could come, several French officers, and some of the patients. Several of the doctors of 17 Hospital, and the Secretary of the Croix Rouge thanked me for all we had done for them, and hoped so much we might be sent back to Bernay some time soon. Monsieur le Commandant Courauld, Monsieur le Major Varnière, Monsieur Galbrun, and Monsieur le Major Chevilot were really most kind, and very anxious for us to know how we should be missed; in fact, our send-off from Bernay will be impressed on our minds for ever. We all felt very sad indeed, and several of our charming ladies wept. Three cheers were given for *l'Angleterre*, so we responded with *Vive la France* and *l'Entente Cordiale*! and so the train went off, taking us to new fields of work. I tell you of this kind send-off, as I know you will be pleased to know we have done our best, and have met with some measure of success. We met Miss Ellison in Paris, and then went off to our new destination, where after some adventures we arrived next day. We travelled from Dormans in the ambulance with four wounded; 48 sick and wounded men came with us in a long line of ambulances; it was a sad sight. We are installed in a small house of six rooms which was bombarded last September when the Germans were here, and has since been patched up. We have an early déjeuner, and go on duty at 7.30 a.m. until 6.45 p.m. We have very interesting work. Our patients are mostly typhoid, bronchial

pneumonia, and "suspects." We have been most kindly received by the Médecin-en-Chef and other doctors. We were taken round all the hospitals and shown how they were worked. They were all *spotless*, and worked very systematically. It has greatly increased our respect for French hospitals. They are all worked entirely by infirmières. The three Sisters, Eadie, Cooke and Roberts are working in a hospital containing typhoids. One has 63 patients, one 20, another 30 to 45. I am in one of the new modern buildings called *barraquements*. They hold 18 patients each, now I have 35 in the two buildings. We shall have much more work than we can manage here, as when the *barraquements* are finished they will contain 450 in Verneuil. We are all to be in sheds when they are finished. At present there are 350 patients here, mostly medical, and as the doctors are very hard worked I hope we shall be able to help them greatly. We shall do our best. Since we arrived last Friday we have had new patients every day, 48, 68 and 28 to-day. We are in the Champagne district. Since the Germans were here most of the shops have been pillaged. Our house was evacuated by the owners, and no one knows where they are. It was only partly furnished, so we set to scrub and clean and put things in order. Two Commanders came to call on us the day of our arrival to wish us luck and thank us for coming. Very courteous indeed. There are many troops here, mostly artillery. It is all so interesting, and we are the only women folk excepting a few villagers. We are most grateful for being sent here, where we have a superabundance of work and a most interesting environment."

LETTERS FROM THE FRONT.

Extracts from letter from Miss E. M. Pye (Org. Sec. National Union of Trained Nurses), who is working with the Friends' Expedition to the Devastated Provinces of France:—

"Maternité Départementale,

"Châlons.

"One poor woman was not able to get to the Maternity Hospital here in time; she was a refugee from the Ardennes, and was living at Poquy, a village about 10 miles from here. Her husband came to ask for help, saying the baby had arrived at one o'clock that morning. She had been attended to by another woman, but they had no clothing, &c. Unfortunately, we had no motor here that day, so we could not send. We gave the husband some linen, and the next day Miss Turnell went with the motor, and brought in the poor woman, the new baby, and also twin boys of a year old. Their condition is better imagined than described, but after a multitude of cleanings up, the twins are now worshipped by the entire hospital. The mother and babe are doing well.

"We had a serious operation a few days ago.

A widow with a family to bring up applied to a hospital for removal of a growth, but the hospital was so full of septic wounded soldiers that she was told she would have to wait until the end of the war. So she came to us. The operation was successfully performed, and she is doing well. She is a refugee from Lermasse and her house is burnt to the ground. She is most interested in her dressing, and all the precautions as to asepsis, &c., amuse her very much.

"Yesterday Dr. Holdsworth and I went to R—— to fetch patients. We had a most interesting day, as you may imagine. They were a little doubtful of giving us permits for R——, but the word from the Prefecture that I had asked for, obtained them in the end. We drove all through the lovely Champagne country, and it was so curious to see soldiers in uniforms tending the vines. When we began to get near to R—— the sentries stopped us every 500 yards or so. They read our papers very seriously, and at one place we thought they would really stop us, but I again produced the Prefet's note, which again acted like a charm, and we got safely through. About four miles from the city, at a point at which you first see the cathedral rising enormous from the midst of a mist, the roads divide, and the sentry told us we had better go by the most northern, as they had been shelling the others all morning. So we took their advice and arrived by a rather winding route, and went straight past the cathedral to the Hôtel de Ville, the Prefecture having been destroyed.

"The Sous-Prefet, to whom our errand was, 'camps out' in the Hotel de Ville for the time. We found he would not be in for some time, so we went out on foot to see what we could see. It is like a city of the dead; the rain was pouring down, and the water poured from the gargoyles on the cathedral, looking exactly as if they were weeping for the destruction of all around them. Within a large area round it there is not a pane of glass remaining, and hardly a roof at all. All the great buildings and the Place Royale are knocked to bits. Many parts of the cathedral appear to be unhurt, and looking through the barricaded front one could catch a glimpse of the wonderful east window with the glass apparently unhurt. But on going round one saw how the heat had loosened the framework everywhere, and many of the windows are absolutely gone. In the very front one of the pillars looks just like a fractured bone, and the whole thing looks as if one could push it over with a blow of the hand.

"In the deserted market there were two stalls—women selling green food, oranges and apples—and actually the Paris papers are now delivered there every day. I bought the day's news at 2 p.m.!

"There was an accompaniment of heavy gunfire all the time, but no shells had dropped into the city since the night before, when some people had been killed and wounded as usual. The Germans were from 2–3 miles off, they said.

"After our little walk round we went back to the Prefecture, only to find that it would still be

half an hour before we could see the Prefet. We had made the acquaintance of a charming youth who was a 'sauveteur'—corresponding, I think, to our St. John's Ambulance men at home, whose duty it was to conduct the wounded civil population to the hospital. He told us that they had an excellently organised service, and whenever a bomb hit anyone, the police sent up, and the 'sauveteurs' went at once and carried in the wounded. I asked if we could see the hospital, to which he replied that he would ask permission to take us there himself, which he did. We asked for the Directrice, and found to my great interest that she had been trained at the London Hospital. She showed us all over the beautiful old building, which has been fearfully damaged by fire—a nurse was badly injured, a maid killed, also many patients. The nurses' quarters have been utterly destroyed, and they are now camping anywhere! Formerly they had 700 beds, now they have only about 200 patients, about half of whom are in wards that have been extemporised in the cellars. The coal cellar, an enormous place, has had a stove put in and here were a double row of beds, mostly of chronic cases, now come to hospital to die. The matron told us that the war is killing the old people very quickly.

"There are, of course, no windows; only the wide door at the top of the cellar stairs to give light and air. There are also a women's ward and a maternity ward in the cellar, and terribly hot and stuffy they were; no daylight at all, and practically no ventilation; no light anywhere, except oil lamps. The other wards were on the ground floor, and were beautifully airy by reason partly of the fact that most of the windows were broken. The Matron told us that she had had them repaired and the place tidied up ten times, and she was now tired of trying to keep it whole.

"Most of the surgical cases were those who had been hurt by the bombs. We saw one man brought in yesterday whose leg was smashed to bits; he looked very ill and not likely to recover.

"Everything is splendidly organized, and all have their orders to go directly down into the cellars when bombardment begins. The Matron told us she never went into the cellars. She sleeps all night, and never wakes for anything. In the morning her nurses tell her how many bombs have fallen, &c.!

"The Germans were in R— for ten days, and they had 70 wounded German officers. They objected to going to bed at eight, and one night were making a row and frightening the nurses. So she went to them and said that in that hospital there were neither Germans nor officers, only sick folk, and that if they could not obey their nurses like other sick people, they would go—the hospital had no room for them and she thought they ought to be ashamed to behave like that. The officers saluted, said: 'Sister, we are sorry, we are going to bed,' and they went to bed like lambs! She had no more trouble with them, she said.

"She also told us they had only two or three

cases of typhoid—of which there was hardly any in R—. Their sanitary arrangements are excellent.

"Then we went back, after seeing all she could show us, to the Hotel de Ville, where we interviewed the Maire and the Sous-Prefet. The Maire particularly seemed interested in all we had to say, and said that he would certainly write to the Prefecture at Châlons, should we need help in getting sick people out of the city. For the moment they had accommodation for them. Unfortunately they could not give us the address of the woman who had asked to be brought away, and whose letter we afterwards found had not come through the Sous-Prefet, so we went straight on to Charnery to fetch Mme. Ledoux. It is her first baby, poor little woman; her husband was "gravement blessé" four months ago, and since then she has had no news at all. He was a compositor at R— before the war, and during our long motor ride back she gave me such a charming picture of their life there. She had a terrible time during the bombardment, and spent the nights in the cellars for six weeks. She spoke of the Germans having been in R—, but said they were "très gentils," and that one she met had been so sad, and had wept over having to fight and leave his wife and children. She showed him the picture of her husband, and he wished her good fortune and his safe return. She said that many of her friends had found the same. Her courage is splendid. She said: 'If he never comes back to me, I must bring up my child and work for him—one must have courage these days—one has moments, but it is no good to weep, it only brings weakness.' She was cleanly lodged in Charnery but could not be cared for there. Her mother-in-law, also a refugee there with her, spoke most gratefully of having a place to send her daughter to and said: 'I confide her to your care.' I think it is very touching the way these people trust us. There were we—arrived in the dusk, absolutely unexpected as to time, of a foreign country, and yet this young mother to be, rose up, laid down her sewing, put on her hat and cloak, and came away with us absolutely alone into the dark.

"It is now midnight, and as we have to rise early I must stop, but I could write you stories of these people by the hour.

"We are thankful to hear Miss Butler, Miss Pattison and Mrs. Sherlicker are soon coming—we shall need all the help we can get, I think.

"We want clothing for our children as well as the babies and their mothers—and will friends in England remember that French mothers are apt to be very large—they would smile if they could see us trying to make some of the garments fit.

"If I can be spared for an hour or two I hope to see something of the interesting developments of the work at Père Champenoise. We have patients to fetch from that direction I think, and we take it in turns to do this work in our off-duty times. My "day off" at R— was the first time I had been away from the hospital for some time, except just to get our permits.

THE DUBLIN CASTLE HOSPITAL.

The name of Dublin Castle awakens many memories, memories of gaiety and splendour, memories of sterner times—when the Castle ruled and the people rebelled. Now, when Ireland (God save her) is at peace with herself and the world, Dublin Castle comes out in a new and beneficent character, and its historic halls are to be devoted to the care of sick and wounded men, conveyed to the Irish metropolis from the battle-fields of France by the hospital ships, which have, during the present War, proved of the greatest benefit and value.

When the Lord Lieutenant, on Wednesday, in last week, formally opened the Dublin Castle Red Cross Hospital, St. Patrick's Hall was crowded to its utmost capacity with a representative gathering. On his arrival, the Lord Lieutenant and Lady Aberdeen (who is chairman of the Committee of Management), were received by Sir John Lynch (Vice - chairman), the Presidents of the Colleges of Physicians and Surgeons, the Chairman of the Finance Committee, and the Matron (Miss A. M. MacDonnell, R.R.C.).

Those who attended the Dublin Nursing Conference, in June, 1913, will remember Lord Aberdeen's cordiality and kindness, and his appreciation of the work of the nursing profession, which he described as "one of the most beneficent callings which has ever blessed mankind," and added that "every one who values the work of the nursing profession desires to offer homage." The faith held by the Lord Lieutenant received practical illustration at

last week's ceremony, when he placed at his side on the dais in the seat of honour the distinguished Matron of the hospital, Miss A. M. MacDonnell. The nursing staff, red gowned, white aproned and white capped, were also in evidence in the body of the hall.

Lord Aberdeen opened the proceedings by reading a telegram from Queen Alexandra, expressing her pleasure at the establishment of the hospital, and wishing it every success.

His Excellency said that the historic hall in which they were assembled had never been put to better purpose than that which it was now designed to serve—the solace, recreation and refreshment of our splendid, brave soldiers, who came back from that great history-making struggle which would go on until its object was accomplished. Might that be soon. He concluded a most sympathetic address by a tribute of admiration to the staff and to Miss Macdonnell, whom he described as "the right lady in the right place."

With this opinion of His Excellency the nursing profession will entirely agree.

Miss Macdonnell has all the qualities and the experience which make her specially suited for the position. Full of vigour and of quick perception, she at once gives even a casual

acquaintance an impression of capacity, which her distinguished professional career supports. She was trained at Sir Patrick Dun's Hospital, Dublin; and at the conclusion of her training was appointed Nursing Superintendent of the Richmond Hospital, under a Matron who made her daily round of the wards in bonnet, veil, dolman and black kid gloves. Miss Macdonnell was appointed Matron of the



MISS A. M. MACDONNELL, R.R.C.,
MATRON, DUBLIN CASTLE RED CROSS HOSPITAL.

Richmond, Whitworth and Harkwicke Hospitals, where she developed the nursing to a standard of great efficiency. During the South African War, she took charge of Lord Iveagh's Field Hospital, and subsequently received the decoration of the Royal Red Cross, and was also awarded a silver service medal. A unique testimony to her ability is that in 1909 she was appointed by the Lord Lieutenant a member of the Board of Superintendence of Dublin Hospitals.

JOINT WAR COMMITTEE.

HOME HOSPITALS.

The following nurses have been sent to Home Hospitals during the past week:—

St. John's Hospital, Hastings.—Miss Chamberlain.

St. John's Hospital, Knighton House, Leicester.—Miss Leveson.

Cluny Red Cross Hospital, Swanage.—Miss Kane, Miss Shepherd, Miss Neil, Miss Pound, Miss Parker.

Woodlands (L.) Hospital, Wigan.—Miss Ball.

Yarrow Hospital, Broadstairs.—Miss Dalglish.

Otterbourne Court, Halesowen, Worcestershire.—Miss Studley.

Stoodley Knowle Hospital, Torquay.—Miss Gay, Miss Goodwyn.

Coombe Lodge, Great Warley, Essex.—Miss F. E. Laitham.

Royal Bucks Hospital, Aylesbury.—Mrs. M. Shaw.

Laverstoke House, Wiltshire.—Miss Green.

Spalding Hall, Hendon.—Miss Bruckshaw.

Rivets Hospital, Aylesbury.—Mrs. A. E. Jones.

V.A.D. Hospital, Petworth, Sussex.—Miss Hawkins.

Caenshill Military Hospital, Weybridge.—Miss

H. M. Watson, Miss Ely.

Red Cross Hospital, Frome.—Mrs. Barclay Thomas.

Twydes Place, Benenden, Cranbrook.—Miss Ferrier.

Lady Lees, Lytchett Manor, Poole, Dorset.—Miss G. Owen.

Plank House, Gillingham, Dorset.—Miss Norfield.

Asley Hall, Stourport.—Miss Hodskin.

V.A.D. Hospital, Midsomer Norton.—Miss O'Neill.

Mary Wardell Hospital, Stanmore.—Miss O'Rian.

West Ham House, Basingstoke.—Miss H. Robson.

V.A.D. Hospital, Sturminster Newton, Dorset.—Miss Welch.

ABROAD.

The following nurses have been deputed to service abroad:—

The Friends Typhoid Hospital, Dunkirk.—Matron, Miss Drakard, Plaistow Hospital. Assistant: Miss Abbs. Miss Ray, Miss Wilkinson, Miss Elizabeth Robinson, Miss M. Elliott, Miss F. D. Mackenzie, Miss M. R. Burke, Miss M. Crawford, Miss Surman, Mrs. V. Brown, Miss Grise, Miss Hicks, Miss M. E. Foster, Miss Henderson.

Château Varaval, Compiègne, Oise, France.—(Mrs. Symons). Miss N. T. Hill, Matron; Miss D. Steele, Miss M. Haggis, Miss S. Thomas.

CARE OF THE WOUNDED.

We are glad to note that funds are coming in for the Urgency Cases Hospitals in France, projected by Miss E. L. C. Eden, and that the scheme is receiving some influential support. The supporters plead that facilities for early operations are a very great need on the French lines of communication. At present many cases receive no attention for days and when they reach the base hospitals it is too late—men whose lives might have been saved are dying of gangrene and other forms of sepsis. Our Allies have infinitely greater difficulties to contend with than we have. They have in their country British, French, Belgian, and German wounded, and they have had an invading enemy devastating the land. It is the French military authorities who can place such hospitals in the right place and make transport and commissariat arrangements. The hospital has been offered to the French Ministry of War, and accepted, with the proviso that arrangements are made through the Joint War Committee of the British Red Cross Society and St. John Ambulance Association. About £5,000 and motor cars are necessary to carry out an efficient scheme.

A French Wounded Emergency Fund has been started to help supplies in French hospitals. Socks are wanted by the thousand; wool is so rare now in France that socks cost five francs to make. Surgical instruments, stores, warm clothing, drugs are all required. Mme. Floyd, who has been visiting hospitals in France, finds the need of help is unspeakably great.

The beautiful Château Tourlaville, near Cherbourg, is now known as the Anglo-French Hospital, No. 2, having, as we notified last week, been placed at the service of the Women's Imperial Service League, under the direction of Dr. Florence Stoney. The League owes its origin to Mrs. St. Clair Stobart; and one of the nursing staff is Miss Irene Sumner, well known to many nurses in this country.

Mrs. Eva McLaren has contributed to the *Liberal Women's Review* a most interesting account of the work of the Anglo-French Hospital, at Château Tourlaville, which she describes as a beautiful old sixteenth century building, lying on rising ground, which slopes towards the bay, and commands extensive views over the town and harbour of Cherbourg. She writes:—

"The morning after our arrival was bright and still. We were up at seven, and off at eight to the Arsenal Quay, to give any help we could to the wounded coming off the hospital ships, and to get our own men into the motor-ambulances and cars (we have three of each) for the chateau.

... The scene on the quay was indescribable, but for all time the picture of the gigantic troopship with her freight of 780 wounded men, will live in one's memory. Down the gangway

they were borne in an endless stream, the worst cases to be placed side by side on stretchers on the landing-stage, waiting to be taken off to the base hospitals, whether our own or those in the town itself; others, rather less severely wounded, carried one by one to the long trains which were in waiting to convey them on a journey of four, eight, or even ten hours, to some hospital in a distant town. . . .

What can one say about it all? Here in this tiny corner, remote from the fighting area, one sees a glimpse of what is going on in every port and town in France, Belgium, Germany, and Russia, not to mention gallant little Serbia. That shed, and those 1,800 brave patient, endure

WOMEN AND WAR.

The Annual Meeting of the Women's Imperial Health Association was held at the offices at 7, Hanover Square, W., on January 20th, at 5.30 p.m., when Dr. Murray Leslie took the chair.

He reviewed the year's work of the Association, the last five months of which has been largely influenced by the war. Among many other activities the Association has undertaken the organisation of the Health and Social Section of the Women's Emergency Corps and has registered over 1,000 voluntary workers and placed 1,351 of these in useful work. The Association has also started a Women's Club on the same lines as the Tipperary War Clubs.



THE CHATEAU TOURLAVILLE ANGLO-FRENCH HOSPITAL No. 2.

ing soldiers make one wonder if anybody is sane, and if all the world has not gone mad?"

The Duchess of Marlborough is (the *Daily News* and *Leader* reports), writing an introduction to a book on "The History of the War as It Affected Women," which Mrs. St. Clair Stobart has in preparation. Mrs. Stobart, who not very long ago became Mrs. Greenhalgh, but is still better known by her former name, has been very active during the War, as she was in the two Balkan campaigns preceding it. She wrote an account of her work with the Bulgarian forces, which was widely read. In her new book, which will be published in due course by Mr. Fisher Unwin, she elaborates a definite plan for the organisation of women for National Service. It is awaited with interest.

The Chairman in his speech referred to the many other branches of work, all of which have been going ahead satisfactorily. The Annual Report, with full account of the year's work can be had on application to the Secretary, 7, Hanover Square, W.

HOT WATER BOTTLES IN DEMAND.

Just now, when hot water bottles are so greatly in demand, both for institution and private use, we have pleasure in directing attention to the reliable and satisfactory drab rubber bottles supplied by the Hospitals and General Contracts Co., Ltd., 19-35, Mortimer Street, W. They are to be had in the best quality rubber, post free, in various sizes, that measuring 12 inches by 10 inches costing 5s. 6d.

APPOINTMENTS.

MATRON.

Belvidere, Hospital, Glasgow.—Miss Lindsay has been recommended by the Health Committee of the Glasgow Parish Council for appointment as Matron of Belvidere Hospital in succession to the late Miss Aitken.

Miss M. Masson, Assistant Matron at Ruchill Hospital, is recommended as successor to Miss Lindsay at Knightswood.

The Infectious Diseases Hospital, Rush Green, Romford.—Miss Truth Peppercorn has been appointed Matron. She at present holds the position of Matron at the Hospital, Fairlee, Newport, Isle of Wight, under the Isle of Wight Joint Hospital Board.

NIGHT SISTER.

City Hospital, Coventry.—Miss Florence Beadles has been appointed Night Sister. She was trained in fever nursing at Blackburn Isolation Hospital, and received her general training at the Royal Infirmary, Shrewsbury.

CHARGE NURSE.

Workhouse Hospital, Ecclesall Bierlow.—Miss Alice Guest has been appointed Charge Nurse. She was trained at the Infirmary, Pinchbeck Road, Spalding, Lincs.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

Her Majesty Queen Alexandra has been graciously pleased to approve the appointment of the following to be Queen's Nurses to date January 1st, 1915:—

England.—Constance M. Perrins, Jennet Williams, Alice M. Gillett, Ettie Hawkes, Helen Hopper, Alice Pearson, Everdina J. B. Reuser, Annie K. Roche, Annie Foster, Catharine M. Caddy, Jessie Jones, Amelia E. Lewis, Aileen M. Mooney, Cithie Carrick, Emra E. Cottrell, Bertha S. Hansen, Irene E. Chatfield, Ellen M. Edge, Eleanor Garth, Lucy Kennington, Christine Couché, Margaret A. Thompson, Madoline E. Moore, Ethel A. Oxley, Nellie Gregson, Ethel Heap, Emma Lazenby, Lottie Macpherson, Jessie A. Aird, Marguerite Clingan, Elizabeth Glaister, Mollie Samson, Mary Irvine, Ethel Rees, Monica Skingsley, Catherine Morris, Beatrice Avery, Marion L. Hancox, Lilian F. Norwood, Dorothy E. Taylor, Augusta A. M. Reijers, Ethel M. R. Large, Ingeborg Hansen, Amy L. Pell, Elizabeth A. Jones, Beatrice M. Booth, Mildred Durose, Annie Phillips, Laurence W. H. J. Pranger, Elizabeth Sellers, Lucy M. Thompson, Hannah Stott, Mary Tinkler, Eleanor Hewton, Sarah Case, Elisabeth A. M. Hafkenschied, Nancy P. Wheeler, Annie M. Oldham, Lydia A. Palmer.

Wales.—Katherine H. Davies, Florence Gregory, Cissie Williams.

Scotland.—Jessie Catto, Mary Diack, Elizabeth C. Johnston, Flora R. MacDonald, Rachel Mac-lachlan, Jane Saunders, Marion R. Somerville, Margaret M. Watherston, Margaret S. Downie, Isabella Miller.

Ireland.—Mary R. Dowie, Mary Gillen, Harriet MacFaddin, Minnie Russell.

NURSING ECHOES.

The Stepney Borough Council are deeply dissatisfied that the College of St. Katharine, which it was decided should be established "as near as may be to the site of the ancient Foundation of St. Katharine-by-the-Tower," has been established in Brunswick Road, Poplar, four miles from the place suggested in the Charter, and from half to three-quarters of a mile from the nearest tram or bus route. The Public Health Committee of the Council propose to petition Queen Alexandra, Patron of the Charity, praying for a reconsideration of the question.

Miss F. K. Alexander (Matron) and the nursing staff of the Tolworth Isolation Hospital, have for years had an enviable reputation for excellent hospitality, and no higher compliment can be paid them than to have it said that the entertainment for the nurses and their friends on Saturday last, even surpassed former efforts. The guests were charmed, and their thanks were richly deserved.

The programme was of the highest order, and all were very much indebted, not only to the artistes, but to Mr. F. B. Ray, a former chairman, who worked hard to induce many friends to contribute enjoyable items.

The success which attends this excellently managed institution, is in no little degree due to the fact that the members of the Board have no room for the "untrained," but aim at a high standard of nursing, which has earned the hospital an excellent name.

One of the questions discussed at the meeting of the Women's Local Government Society held at 16, Carlton House Terrace, S.W., at which Lady Cowdray presided, on the 27th ult., was "Married Masters and Matrons under the Poor Law," which is of much interest to trained nurses working in unseparated infirmaries and workhouse wards. Miss Lidgett, P.L.G., ably discussed the question, one point she made being that in the event of any inquiry into irregularities the responsibility could not be brought home to the Matron, as she was not a responsible person, but could always plead that she was acting under the influence of the Master. The main reason for the employment of a married Master and Matron was that they could put up horses together. They were often admirable people, but they did not always see eye to eye. On one occasion, when the Matron of an Infirmary with which she was acquainted was not in evidence, she found that the day before the Master and Matron, who were excel-

lent officials in their own departments, had had a few words, with the consequence that the Matron was suffering from a black eye. It was not always the highest type of officers who were available for these dual posts, but this was not the only consideration. How could a Matron with a family of children take proper control of a place often as large as an hotel?

The Local Government Board were averse to separate appointments. In the case of a married Master and Matron who recently resigned, the Assistant Master and Matron were admirable people for the post, and the Guardians, not often unanimous, were unanimous in their desire to appoint them. Owing to the number of male officials who had enlisted, it was most important to appoint a Master and Matron conversant with the work and the complicated system of book-keeping, but the Local Government Board would not sanction the appointment of people who were not man and wife, and it was only when at last the President of the L.G.B. consented to receive some of the Guardians, and they represented to him their position in the absence of fifteen men at the front, that he consented to try the appointment of the separate officers for three years. A Master should be paid a living wage, on which he could keep his wife as well as himself, that was one of the intricate problems the Departmental Committee had to find its way through. One drawback of the dual appointment was that the Master and Matron could never take their holidays together.

The Cardington Branch of the Shropshire Nursing Federation has received a bequest of £500 under the will of Captain Stephen Henry Christy, D.S.O. (20th Hussars), of Plaish Hall, Cardington, Salop, who was killed in action at Ussy-sur-Marne, for the benefit of the Nurses' Home at Cardington, recently erected by him.

At the quarterly meeting of the Scottish Council of Queen Victoria's Jubilee Institute, the report for the past three months was submitted. Since the outbreak of hostilities forty-six nurses had been called up for Army or Territorial nursing service, and in a considerable number of districts the Queen's Nurses were assisting with Red Cross and Voluntary Aid Detachment work. Ninety-five visits of inspection had been made, and reports thereon submitted to the Executive Committee; 1,459 cases had been nursed in Edinburgh by the nurses from the Training Home, involving a total of 31,197 visits. Donations received during the quarter amounted to £80 4s. 6d.; subscriptions to £116 5s.

BOOK OF THE WEEK.

"HIS ENGLISH WIFE."

This is a book of peculiar interest at the present time. It is a translation from the German, and its explanation is to be found in the Publisher's Note, which says that its special interest is in its showing "how our English character and way of living appear when seen 'through German eyes.' The book is carefully constructed to bring out the contrast, at as many points as possible, between the decadence attributed by the author to the English nation, and the patriotic idealism which he claims for the Germans. The book won a wide popularity among his countrymen before the war broke out."

"It is a spy!" said the old country squire to his two girls. "A German spy."

Lieutenant Helmut Merker was in England for the worthy purpose of visiting some hitherto unknown relatives, who had long ago forgotten their German ancestry, and were so far as possible British.

Young Merker was in Dover writing poetry in a note book where he had full view of the harbour. This is our first introduction to him. In the confusion that led to his arrest as a spy, he comes across his pretty cousin Edith Wilding, who drives up in an opulent car and satisfactorily explains matters. He is really the cousin of the wealthy Mr. Wilding as he has claimed, and has no ulterior motives whatever. And from henceforth he was her lover, lover to this beautiful enigmatic English maiden, who lived for sport and pleasure, in fact whose idea of life was to have a good time.

He could not comprehend her account of her family: "Bill whose place called the Bungalow at Bonchurch was too delicious." "What does he do there?" She didn't quite understand. "He lives there?" "Fred is much more of a sportsman—at the moment he is at a cricket match at Lord's."

Lieutenant Merker was silent and thought to himself: "What an odd family. Like a handful of fleas—here, there, and everywhere."

Edith at the Boat Race to-day, rushing off to-morrow to Scotland for a few days. Different indeed to the women he had hitherto known.

And when she suspects that he is about to lay his heart and his poverty at her feet, she asks him angrily, "Where do you keep your wives? At home? Mending the washing." He, "boiling with rage, retorts: 'A woman's place is her home.' Miss Wilding looks her German cousin straight in the face. 'An Englishwoman's place is wherever she chooses to be.'"

Still, after a brief interval, she marries him because she loves him. After the honeymoon his leaves expires and he takes up his military duties at Alsheim. From the first his English wife sets

* By Rudolph Stratz. Translated by A. C. Curtis. Edward Arnold, London.

up an intangible barrier between him and his former circle. His father-in-law's munificence enables him to live luxuriously and to drive in an expensive car. Edith cannot comprehend the exigencies of military etiquette, especially German military etiquette, and though she loves him sincerely, and tries to adapt herself, she rebels against a mode of life which is altogether antagonistic to her experience.

On the first night in their new home Helmut has to rise at dawn for drill.

"Helie . . . don't leave me all alone. It's such an ungodly hour, or at least follow on with your friends in the car. You'll catch the soldiers up easily." "The marching and singing died away in the distance. She instinctively felt, There is something all round about you, and above you, which you know nothing of. He is not independent like an English gentleman. He has strange men over him—no, not exactly men, rather a law . . . a willing subordination." On the occasion of her parents' visit to her, Helmut is ordered confinement to his room for some breach of discipline, which order prohibited visitors also. It is after this indignity that he obtains long leave from his Colonel, in order to consider whether or not he would resign his commission. He and Edith then live for a long time in England on the bounty of old Mr. Wilding. The old man offers to give them his beautiful place Rosemary Hill's as a permanent home. But Lieutenant Merker has to decide once and for all between becoming a man of leisure in England and a German officer. After a stormy scene with Edith, he formally sends the wire: "I beg respectfully to give notice that I wish to return to active service—Lieutenant Merker." Comment on this absorbing novel would be difficult at the present time, but all should read it for themselves and judge if it is a fair picture of the English as a class, or whether the author has been wilfully prejudiced in representing a class that undoubtedly exists, as a type of the nation as a whole.

H. H.

COMING EVENTS.

February 16th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Lecture on "Anaesthetics." Dr. Meldon. 7.30 p.m.

February 27th.—National Council of Trained Nurses' Meeting. 431, Oxford Street, London, W. 4 p.m.

WORD FOR THE WEEK.

The road before thee may seem dark and strange.
But God is still the same, He cannot change.

Dost thou remember, when thy strength was spent,

And thou hadst fallen weary by the way,
How comfort came, and how of rest was sent,

And the fresh strength for yet another day?

So shall it be—whate'er the journey's length,
To its last footstep—"As thy day thy strength."

M. GORGES.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

A QUESTION FOR THE PUBLIC.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM.—A copy of THE BRITISH JOURNAL OF NURSING has been sent to me with the passage marked relating to the "dangerous interference by the unskilled" in matters relating to nursing the sick and wounded. As I am entirely unskilled except in so far as experience, observation, and I hope a certain amount of common sense have made me otherwise, I presume the marked passages are intended to show me the error of my ways.

I plead guilty to designing two hospitals; one which has been running for eleven years; the other I converted with the aid of the estate builder from a riding-school and tennis-court into a Hospital for sick and wounded three months ago, and the War Office now wishes me to add more wards both to this and the Cottage Hospital.

I shall be very happy to subject both Hospitals to your criticism if you like to send down your representative any day but Wednesday, February 3rd.

I am solely responsible for the management, though of course I employ trained nurses. I may mention that this is a Base Hospital, and that I receive the wounded direct from France.

In justice to one of the "Unskilled" I hope you will inspect the Hospital, and I am not in the least above accepting or acting upon any unprejudiced criticism.

Yours faithfully,

M. BEDFORD (*Duchess of Bedford*).

Woburn Abbey, Woburn.

[Copies of THE BRITISH JOURNAL OF NURSING containing the Statement criticising the constitution and resulting system of nursing adopted by the British Red Cross Society, and presented to the Acting Director General of the Army Medical Service, as printed in our last issue have been distributed amongst influential women known to be interested in the nursing of the sick, the Duchess of Bedford amongst others. We claim that the standard of nursing for our sick and wounded soldiers is a National question, and the trained nurses' point of view, which has been ignored by the B.R.C.S., should be brought prominently forward. We thank the Duchess of Bedford for her liberal-minded letter, and hasten to assure her that no personal reflection was intended. As far as we know she is not amongst the Duchesses who have without training and the necessary skill adopted the title and duties of the Matron of a hospital, and assumed her professional dress.

We have long claimed that women should be included on the Boards of Management of all

hospitals for the sick, with or without Nurse Training Schools attached, and in this position women of the world, with wide social influence and sympathies, such as a large number of our aristocracy possess, would be invaluable, but we claim that Nursing, since founded by Florence Nightingale on scientific principles, has become highly technical skilled work, with far-reaching educational and economic interests, and that only those women, whatever their social standing may be, who are thoroughly trained and experienced, should hold positions of authority in institutions organised for the care of the sick, in general or military hospitals. We have accepted the courteous invitation of the Duchess of Bedford to inspect her hospitals, and hope to do so at an early date. Every true woman's heart is stirred with sympathy for our sick and wounded soldiers; all classes therefore should co-operate, each giving the best that is in them to make the nursing of our soldiers as efficient as possible. We trained nurses have much to give of expert knowledge, and only long to place it at the disposal of the War Office at this great crisis. If those in authority on the Army Council will follow the sensible example of the Duchess of Bedford and invite professional opinion they will learn something to their advantage. This was our reason for proposing to the Director General, Army Medical Service, that an Expert Committee on Nursing should be appointed, representative of the various departments which are now engaged in organising the nursing of the sick and wounded, to enquire and report on the present conditions of nursing in Military Auxiliary Hospitals in the United Kingdom, in order that they may be efficiently organised.

Lady Mackinnon, Government House, Chester, has also most kindly expressed her wish to show us the Red Cross Hospitals of 70 beds in which she is actively interested, each of which we gather has a trained Matron in charge, and a staff of Sisters and Nurses. Lady Mackinnon's experience on the Committee of the Territorial Force Nursing Service for the City and County of London, and on one of its sub-committees, has brought her into intimate touch with the aspirations of trained nurses in this connection.—Ed.]

TRUE TALES WITH A MORAL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Throughout this county there is a trained nurse in charge in Red Cross Hospital's and a V.A. orderly to nearly every patient! Here is a little story: The Sister had given a patient an enema and told the V.A. orderly to keep the result for her to see; later, she asked to see the result, and was shown the remainder of the injection! A patient has also been awakened to give him a sleeping draught much to his annoyance!

Yours truly, M. B.

[The system in many Red Cross hospital's permits of far too many absolutely new probationers (orderlies) to one trained nurse. The

latter cannot possibly supervise every detail—and the prevention of mistakes by quite ignorant people is a work in itself under existing arrangements. Sleeping draughts should not be given by untrained nurses. With the best intentions in the world accidents are sure to happen where a trained nurse has more than two or three raw probationers to teach and supervise. It is not considered safe in general hospitals and should not be risked in military hospitals.—Ed.]

A REAL GRIEVANCE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was most indignant to-day when I saw a parlourmaid run across the road in an Army Nurse's cap to post a letter. It is disgraceful to think that an Army Nurse's uniform should be so abused, especially at a time like the present. Any civilian appearing in the uniform of a Government official would be punished at once. It's extraordinary how difficult they find it to treat women justly in this respect, but until we have the Vote and State Registration I'm afraid these things will never be looked at from the right point of view. Can nothing be done at all in the meantime?

Yours truly,

"TRAINED NURSE."

Tresco, Avenue Road, Torquay.

CAST-OFF GLOVES REQUIRED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Do you think any of your readers could find some cast-off kid or leather gloves? If so, they still want dozens and dozens at 75, Chancery Lane, W.C.

The Ladies Territorial Committee are making windproof undercoats for the men watching our coasts this bitter weather, and they plead for more and more—and more gloves. Even fur linings are not despised. Coats are on view at 75, Chancery Lane, and perhaps when all our men have been supplied these wonderful specimens of "something out of nothing much" will find their way even farther afield.

Yours truly,

Gal'ea House, Guildford.

E. M. W.

REPLIES TO CORRESPONDENTS.

To Girl of 18.—(1) We consider the years between 18 and 21 should be spent if possible in gaining a broad outlook. That of a girl who takes up institution work at 18 is necessarily restricted. Why not adopt some other occupation for the next three years, and also endeavour to learn a foreign language? (2) We entirely agree with you as to training in a nursing home. (3) We quite approve of the hospital you mention, and the open air life is very healthy.

OUR PRIZE COMPETITION.

February 13th.—Give symptoms and treatment of opium poisoning.

February 20th.—What is Septic Pneumonia; how should it be treated?

The Midwife.

ROYAL MATERNITY CHARITY OF LONDON.

The Annual General Meeting of the Royal Maternity Charity of London will be held at the Charity's House, 31, Finsbury Square, London, E.C., on Wednesday, February 10th, at 3.45 p.m. It will be preceded at 3.30 p.m. by a special general meeting of Governors of the Charity.

LECTURES ON INFANT CARE.

The first of an advanced course of Lectures on Infant Care, arranged by the National Association for the Prevention of Infant Mortality, and the Welfare of Infancy, was delivered on Monday last by Mrs. Florence Willey, M.D., at the Royal Society of Medicine, 1, Wimpole Street, London, W., on "The Development of the Child in Utero." Mrs. Willey dealt with her subject most lucidly, and illustrated it by means of models, lantern slides, and some beautiful museum specimens, showing the fetus in all stages of development.

The course, which is a most useful one is intended for voluntary health workers, mothers and nurses, and consists of fourteen lectures. Opportunities are also given for the attendance of every student at four Infant Consultations. The fee for the course is 5s. (single lectures 1s.), and 10s. 6d. for a fuller course of practical instruction. The lectures are delivered on Mondays at 5.30 p.m. Further particulars may be obtained from the Secretary of the National Association for the Prevention of Infantile Mortality, 4, Tavistock Square, W.C.

THE LEEDS MATERNITY HOSPITAL.

The Lady Mayoress, Mrs. J. Bedford, presided last week at the Annual Meeting of the Leeds Maternity Hospital, held in the Town Hall, when Mrs. Robert Hudson, the Hon. Secretary, presented an annual report recording great progress in all directions. The report pointed out that the war had caused large numbers of soldiers' wives to need the assistance of the hospital. Its shelter had also been extended to many poor Belgian refugees. "The Board is proud and happy," added the report, "to have been able to ameliorate the sufferings of some of the women of our heroic Allies in their time of need."

The number of cases sent in by the medical practitioners had steadily increased, showing the confidence of the medical profession of Leeds and district in the work of the hospital. The great increase in the work had at times caused the hospital accommodation to be taxed to its utmost limits, and it was probable that in the near future the question of increased accommodation for both patients and staff would have to be faced.

THE WAR AND THE WORK OF MIDWIVES.

Owing to the operation of the National Insurance Act, and the difficulty of raising funds, the Penzance District Nursing Association is finding existence difficult, and at last week's Annual Meeting the future was seriously discussed.

Mrs. Robins Bolitho, who presided, remarked that every year it was rather more difficult to obtain sufficient subscriptions to keep a nurse. They would like to continue the Association, as the poor people appreciated the nurse, and very much regretted the idea of discontinuing her.

Drs. Miller, Edwards, and Lawry spoke strongly in favour of the nurse being retained.

Mrs. J. de C. Treffry (Hon. Secretary of Cornwall County Nursing Association) pointed out that, in consequence of the terrible loss of life as a result of the war, every life had increased in value. The work of the midwife had therefore swiftly assumed enormous importance, and the saving of every male child had actually become a question of national importance. It would be deplorable if a town like Penzance gave up one of its health missionaries—the Association's nurse. She suggested a house-to-house collection.

Miss Frost explained the Local Government Board's maternity centres scheme, being organised by the Women's Co-operative Guild, with the help of the National Union of Women's Suffrage Societies, and said a start had been made at Wadebridge.

On the proposal of Dr. C. Branwell, it was decided to continue the Queen's Nurse for another year if the money could be found.

THE NORTH WALES NURSING ASSOCIATION.

The Council of the North Wales Nursing Association, at its quarterly meeting, had to consider the question of a serious deficit, making it necessary to appeal to the public for increased support. Of the fifteen Welsh-speaking pupils in training, eleven had already been claimed for districts, and the remaining four would not be sufficient to meet the demands likely to be made towards the autumn. Five hundred pounds additional income was needed, in order to train the seventeen pupils, for whom the county councils allow midwifery grants.

The Secretary, Miss Davies, of Treborth, Bangor, and the Acting-Superintendent, Miss Prytherch, 54, College Road, are open to receive applications for training from Welsh-speaking North Walesians out of employment, or in distress, owing to the War, as Queen Mary's "Work for Women" Fund is willing to make a grant for this purpose. Dependents of those at the Front, being otherwise provided for, are ineligible.

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EDITORIAL.

THE MORALITY OF STRIFE.

"The Morality of Strife in its Relation to War" was the subject of an address delivered last week at Bedford College, Regent's Park, by Mrs. Henry Sidgwick, who said that there were few people who would not grant that a State if attacked, must defend itself.

Could one hope that war would ever cease? She might be sanguine, but she thought it possible to hope at least that it would greatly diminish in frequency.

She pointed out that it was the want of international morality and absence of a moral code, and not merely the failure to live up to one, which had, more than anything else, for many years endangered the peace of Europe, and had now plunged it into a ghastly war. She claimed that women had as great a part to play in the war as men, for greater even than the individual soldier was the spirit that inspired him.

The Lord Chancellor who presided, in paying a warm tribute to the high standard which the lecturer had held up, the precept of courage and determination on the one hand, and high morality on the other, said that these were things which pointed to a spirit which, if it were the spirit of this nation was the spirit of victory. That spirit could not be of the high kind, and compelling order, of which they had heard, unless the whole nation took part, and the women bore their share of the duties of inspiring and compelling.

He hoped that the doctrine of the recognition between States of moral obligations was a doctrine that in time might become a real one—real in Germany as with other nations. In the phenomena before us in the larger political world of the relations

of nations within groups to one another we had indications of how ethical standards might develop, and ethical obligations become binding, although there was no external sanction.

It had been inconceivable for some years past that Russia, France, or the United Kingdom would fall to war until after the greatest and most strenuous and genuine efforts had been made to avert it. Between ourselves and the United States there were the same feelings.

Thus between States not bound together by alliance, but which were together in groups with common interests and common sympathies, there arose that quality of obligation.

If the world arranged itself in groups, and the groups came to arrange with each other so that the ethical feeling should extend beyond the group, then there was hope that we should enter on a new phase, which if it did not give a complete guarantee of peace, would afford assurance against war being regarded as anything else than a terrible calamity.

The words of Mrs. Sidgwick, and of Lord Haldane, indicate to women a way in which they can bear a part of the highest value during the war. British women are convinced of the morality of the present war, for the Empire, and, that being so, they have faced the situation in a spirit of helpfulness, and of unflinching courage. But, more than this, it is their special vocation to strengthen the men in the fighting line, by guarding the high ethical standard which inspired our brave troops when they entered on this conflict, and which is the best guarantee of final victory, and so to develop ethical feeling, that war may never be entered upon except from the highest ethical motives. When this is achieved it is certain that its frequency will be greatly diminished.

OUR PRIZE COMPETITION.

GIVE SYMPTOMS AND TREATMENT OF OPIUM POISONING.

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gillespie Crescent, Edinburgh.

PRIZE PAPER.

Opium is a valuable drug, which may be taken in many forms—chewed, smoked, drinking the tincture, laudanum, taking the alkaloid morphia in fluid or tablet form, such as is used in cases of severe illness. It is the constituent in certain drugs, *i.e.*, chlorodyne and many of the soothing syrups. To young children it is peculiarly poisonous.

Symptoms are sometimes divided into two stages:—(1) Excitant stage, when the person may have an excited look, and speak in an unusually brilliant and exaggerated manner. A good deal depends on the nature of the person, and as a general rule (2) the depressed stage is far more marked and typical. The pupils become contracted until they assume the characteristic "pin point" pupil especially associated with the poison. This symptom is of great importance, especially if the patient has not been under observation, as it differentiates from other poisons, more particularly alcohol. It is most marked in the earlier stage; later on, when the poison is paralysing the vital centres, the pupil very commonly dilates. The skin is cold and clammy; the face pasty and white; the pulse feeble and often slow; the extremities cold; the expression apathetic; consciousness is markedly decreased, and sensation greatly dulled; there is no true paralysis present, but great lassitude and drowsiness, with inclination to go to sleep. There may be odour from the breath. If the patient has been addicted to the habit of taking opium, he is often spare and emaciated in appearance. In some cases the patient may become cyanosed, and the skin absolutely wet, due to the fact that opium checks all secretions except that of the skin, which is greatly increased.

The immediate treatment is to keep the patient awake and to stimulate the respiratory system, and get rid of the poison by strong emetics. In mild cases the patient may be made to walk about, which is dangerous in advanced cases, when artificial respiration must be resorted to. A stomach wash-out is best if it can be managed. Stimulants given may be hot strong coffee, if necessary by rectum, hot cloths over heart, hot bottles to the feet, massage, local stimulation with a wet towel, and cold cloths to the head, is sometimes useful, also ammonia smelling-salts. Alcohol

in small doses may be given (a teaspoonful every five minutes), or hypodermic injection of ether or some heart tonic ordered by the doctor in charge. The most important antidote is belladonna, a small dose of atropine injected making the heart contract much more vigorously. This is due to the fact that while opium stimulates the *inhibitory* nerves of the heart, belladonna poisons or paralyses them.

Emetics given may be that which is most quickly attainable, such as a dessertspoonful of mustard, or 20 grains sulphate of zinc, or 20 grains ipecacuanha powder, or two tablespoonfuls of ipecacuanha wine in a tumbler of warm water. The safest and best is perhaps mustard and water, if the patient can be persuaded or made to swallow it. It is prompt and efficient, besides acting as a stimulant without affecting the nervous system, such as tartar emetic, which is a depressant.

When opium is being given as medical treatment, special care and watchfulness should be observed with those where there is any indication of kidney trouble, or secretions about the bronchial tubes, or any condition tending to develop into a state of coma.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss D. W. Matton, Miss Kathleen Dinsley, Miss H. M. Springbett, Miss D. Vine, Miss Amy Phipps, Miss G. Robinson, Miss P. Jones, Miss Gladys M. Evans.

Miss Gladys M. Evans writes:—

The breathing is slow, quiet, and shallow; and these characteristics become more and more marked as death draws nigh, the person dying as the result of paralysis of the respiratory centre of the brain. The lips and face become livid and covered with cold sweat, and the pupils are much contracted. Opium has also an important action upon the nervous mechanism which controls the size of blood-vessels, and consequently in cases where inflammation is present and blood-vessels are dilated its early use greatly checks the inflammatory process. As a rule, death occurs in from 7 to 18 hours after the dose has been taken.

Miss D. W. Matton writes:—

Opium is a powerful narcotic, obtained from a species of poppy grown in Turkey and Asia Minor, which may be introduced into the body in several forms, such as:—(1) Morphia (the principal alkaloid of opium), (2) laudanum (tincture of opium), (3) paregoric (compound tincture of camphor, containing laudanum), (4) syrup of poppies, (5) codeine, (6) chlorodyne.

QUESTION FOR NEXT WEEK.

What is Septic Pneumonia? How should it be treated?

EMETINE INJECTIONS IN AMÆBIC DYSENTERY.

Dr. F. J. Harfour and Dr. W. B. Haddad, of the Church Missionary Society, Achmoun, Menoufeyah, Egypt, record in the *Lancet* the favourable results of the treatment of amæbic dysentery in cases treated by them by hypodermic injections of emetine hydrochloride in an out-patient practice. They write:—

"In the space of eleven months twenty-seven cases were treated and in all cases the symptoms quickly disappeared, and the patients were so struck with the result that they came back for more injections even after they were apparently cured. We commenced with injections of gr. $\frac{1}{4}$ which was given on dispensary days—i.e., three times a week—but soon the dose was raised to gr. $\frac{1}{2}$, gr. $\frac{3}{4}$, and lastly to gr. 1. The majority of cases received gr. 1 at each injection with most satisfactory results. Gr. 1 gave the best and quickest result, and no untoward result was ever complained of or observed. It is interesting to note that once, when the stock of hypodermic tabloids had run short, a half-grain tabloid of emetine was given internally, and when the patient was next seen he reported that on his way home he had severe vomiting and diarrhoea. As all were treated as out-patients, they could not be restricted to a liquid diet. All the cases except one were chronic, lasting from one month to four years. The number of motions averaged about ten in the twenty-four hours; two had sixteen and one thirty motions. All patients showed remarkable improvement after the first or second injection; the hæmorrhage greatly decreased or stopped altogether, straining was much less or quite gone, the number of motions considerably diminished, and the stools became fecal. The pallor disappeared, and the pained expression of the face entirely altered after a few injections. As a rule no other drug was given, and the majority of cases had no symptoms of the disease after four or five injections. In the case which had lasted four years all symptoms disappeared after the third injection of 1 gr. emetine hydrochloride. Two cases had recurrence of their symptoms and came back for treatment about three weeks after the cessation of the emetine injections. One of these cases had a third relapse after six months, when he attended the dispensary for a week, had three 1 gr. injections, and was apparently cured."

Those who have ever suffered from this painful and intractable disease will realize what a boon this treatment must be to those whose lives have for years been a burden to them.

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.

WOMEN AND THEIR WORK DURING THE WAR.

DISCUSSION.

The discussion on Miss Mollett's Paper on "Women and Their Work During the War," elicited a good many opinions, which we regret cannot for lack of space be reported at length.

The Chairman (Mrs. Fenwick) in opening the discussion, said that in regard to the scope and extent to which women can replace men temporarily in time of war, were several branches of work in which men in time of peace monopolised women's work, selling stockings and ribbons and other such items of women's wear over the counter, acting as shop walkers in authority over women, &c. She thought it was a pity more women were not attracted to work on the land in the open air, especially in the care of animals; it was in many instances not more arduous than the professional games to which many girls devoted their lives. The leisured women who were eager for work since the beginning of the war, showed no craving after such work as required technical skill, or brain work, such as banking or accounts. The majority had rushed into nursing, which apparently they did not realise was work which required definite training and skill, and were encouraged to do so by doctors and others, who ought to realise its value, but apparently did not do so. Indeed, in this connection it was extraordinary how few people, and women especially, realised that science, art, and skill were required in nursing the sick and wounded; indeed, they were profoundly ignorant of its true significance.

Miss Mollett had spoken of her experience in a Red Cross Hospital, after eighteen years' practical experience in office as a Matron. She had not experience in hospitals dominated by an untrained Commandant, who according to the regulations had autocratic powers, even to the extent of discharging the medical officer and nurses. If the Red Cross Society provided that only highly trained women should be in charge of all auxiliary military and voluntary hospitals, with the usual proportion of trained nurses and probationers under them, the system would be more satisfactory. The present system sanctioned by our War Office was wrong. It placed a hospital in charge of a Commandant, or Matron, who was as ignorant of hospital management as she was of nursing. Numbers of untrained women had since the war not

hesitated to assume such responsibility. The system was fundamentally wrong, and required reorganization. The whole Army Nursing Service should be co-ordinated directly under the War Office, and not deputed to a voluntary organization.

Miss Waind thought the matter was largely in the hands of the medical profession, who should refuse to work with untrained women unless they were controlled by a sufficient number of trained nurses. She knew of one instance in which this had been done.

Mrs. Walter Spencer warmly commended the work of the knitting brigade, and of sewing, as a most important part of women's work in the war. Think, she said, of the suffering there would have been if all had not done their best to make the men as comfortable as possible with warm and sufficient clothing. This work had been the salvation of many men. In it also domestic workers could take a hand. She was glad to say that she and every member of her household knitted for the soldiers. As to women's place in agriculture, girls could do well with flowers and at market gardening, but, in regard to farming, there were weeks and days when they could not go out to work in the fields. She thought managing the cows and sheep, in calving and lambing time, unsuitable work for women, and, as to milking, they would have to be in the milking sheds at 3 a.m., to have the milk ready for the early trains. Men were often up all night with the cows, and in lambing time the shepherd stayed near the animals in a hut for three weeks or a month at a time.

Miss Marquardt mentioned the recent experiences of a friend in France, where the women were conducting the whole of the agricultural work, doing the marketing, and sowing the seed for next year. They had gathered in the harvest and the grapes.

Miss Marsters thought that the holdings were smaller in France than in this country, and more easily worked.

Miss Cutler said that when she left Brussels, last September, to return to England, during a long drive, she observed women were tending the cattle, and ploughing with donkeys or mules, but many were working, doing men's work in the fields.

Miss Bickham described the work of women on a farm in Essex, which was very successful.

Mrs. Andrews believed it was quite possible for women to do agricultural work. If not, how was it possible for boys? Yet boys of thirteen had been allowed to leave school to replace the men on the farms. She refused to believe that she could not do the work of which

a boy of thirteen was capable. Abroad, women did a great deal. It was noticeable that the appeals in the papers for women to do agricultural work were mainly from women interested in the question, and not from employers. The farmers preferred boys, whose labour was cheap. In many instances where women did exactly the same work as men who had gone to the front, they did not get the same wages.

Miss Clara Lee spoke of the successful agricultural work of a Women's Co-operative Guild in Sussex. They were interested in animals, and the animals knew them.

Mrs. Holgate, who said she had been working in the "back blocks" in New Zealand, mentioned that the estates there were from 100 to 1,000 acres in extent. The most successful sheep farm she knew was kept by three women, one of them a trained nurse, who said her training was of the greatest value on the farm. On this farm they lost very few lambs. They lived on the proceeds of the poultry farm, and were able to put away all the money they got from the sheep.

In regard to the Red Cross system, Miss H. L. Pearse said that trained nurses found it impossible to work under untrained Commandants. The system was wrong. She could not imagine why the Army Nursing Authorities did not provide for sufficient expansion to meet the needs of the sick and wounded, instead of depending on a voluntary society.

Miss Marsters stated that she was Commandant of a Voluntary Aid Detachment, which included five trained nurses, with V.A.D. orderlies working under them. She thought that about thirty of the seventy enrolled would make good nurses if trained, and expressed the opinion that good probationers would in the future be secured from such workers.

Mrs. Andrews hoped this might prove true, and thus help to relieve the serious shortage of trained nurses from which institutions had suffered of recent years.

Miss Mollett having replied, the discussion terminated.

INDISPENSABLE FOR NURSES.

"The Medical Dictionary for Nurses," by Miss Amy E. Pope, published by Messrs. G. P. Putnam's Sons, 24, Bedford Street, Strand, London, W.C., which we recently reviewed in these columns, is evidently as much appreciated in Australia as by our reviewer, as we learn that a large edition (four figures) has been sold to the Commonwealth. We are not surprised. In our opinion there is nothing in the field to touch it. The price, 3s. 6d., brings it within the reach of every nurse.

TERRITORIAL HOSPITALS.

1ST SOUTHERN GENERAL HOSPITAL, BIRMINGHAM.

Amongst Territorial hospitals none has been more fortunate in the buildings secured than the 1st Southern Hospital, which is housed in the Birmingham University at Edgbaston, about three miles from the centre of the City, and easily accessible by the excellent service of trams. Standing on high ground, its imposing clock tower dominates the neighbourhood, a feature in the design specially desired by the late Mr. Joseph Chamberlain, who for so many years represented the city in Parliament.

On entering the guarded gates we pass first the library—now used as the hospital chapel—and then passing under the clock tower, enter the main building. Over the

entrance doors are the calm, carved figures of those whose names are imperishable in literature, science and art. In silent wonder they survey the maimed and broken figures carried through the portals which they dominate, victims of a boasted culture whose methods

have astounded the civilised world.

The handsome and spacious entrance-hall, encircled by marble columns, affords a convenient opportunity for sorting the cases on arrival. Wide corridors stretch to right and left, from which branch off wards, dispensary, officers' quarters, &c.

The Great Hall of noble proportions immediately behind the entrance hall has now been converted into a huge ward of 150 beds, with four main subdivisions, three in the body of the hall and one on the platform, each in charge of a Sister. A mellow light is shed through the gorgeous stained glass window at the further end. Behind the plat-



MISS K. G. LLOYD, Matron.



PREPARING TO RECEIVE THE WOUNDED.

NURSE ACTON.

MISS K. G. LLOYD, Matron.

SISTER HISCOCK.

NURSE COOKLEY.

MISS KERSLAKE, Matron.

NURSE OTTON.

SISTER ALLEN.

form which supports the magnificent organ, whose organist from time to time delights the patients with its music, are the necessary pantries, while temporary bathrooms and lavatories have been arranged in the alcoves at the sides of the hall, great pains having been taken to avoid injuring the fabric of the building. The baths are enclosed in screens of urolite, a material composed of asbestos and wood fibre, set in light wooden frames which can be easily taken down when the University resumes its academic functions.

The operating theatre, which is off the main corridor, is excellently lighted and well equipped; there is a good supply of hot and cold water, worked by foot taps, an anæsthetic room, and a sterilising room with high-pressure steriliser. There is also a smaller theatre used for minor operations, which is fitted with a dental chair, as it has been found that the teeth of so many of the men require attention.

There is also an excellent X-ray department, in charge of a skilled radiographer. Here one saw the photographs of a case in the wards in charge of Lieut.-Colonel Barling, F.R.C.S., Vice-Chancellor of the University, who came in with no less than 19 shrapnel bullets embedded in his unfortunate person, including his head. All except one have now been removed, and the patient is progressing to recovery.

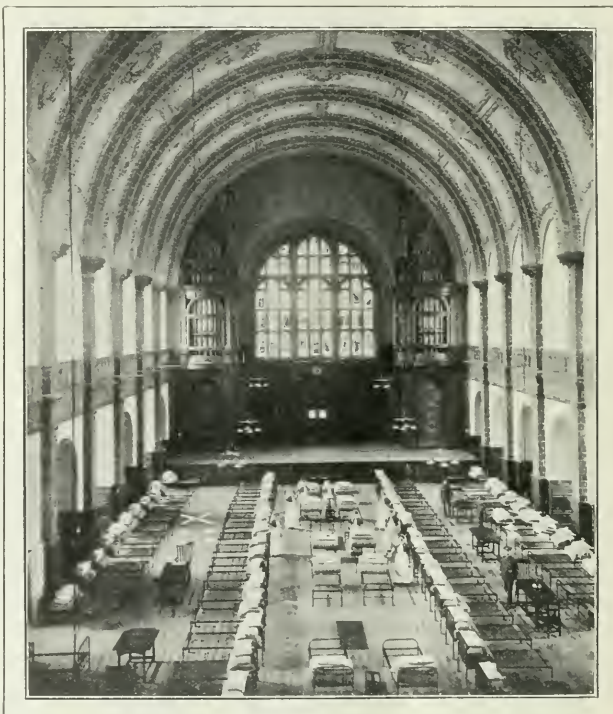
Another patient who could not possibly have recovered without the most skilled nursing had most of the internal organs injured and the bladder torn; it now promises to be a useful organ.

The wards are in three tiers, A B and C. Some of the A wards have been set aside for enteric cases, but so far they have not been needed. These wards are provided with an outside shed for inspecting and disinfecting purposes.

The hospital at present contains some 800 beds, and considerable extension is contemplated in the future. The Commanding Officer and Administrator is Lieut.-Colonel Marsh, and the Registrar, Major Sawyer.

The Nursing Staff mobilised under Miss E. M. Mussen, Principal Matron, on August 12th, Miss Lloyd, Assistant Matron at the General Hospital, Birmingham, going into residence as Matron. Unfortunately, she contracted scarlet fever from contact with patients sent in from Bedford, who developed the disease, and was thus incapacitated for eight weeks, during which time the duties of her office were ably performed by Miss Kerslake, the alternative Matron. Several nurses and some 30 orderlies also contracted the disease.

During the last six months the hospital has



THE GREAT HALL OF THE UNIVERSITY.

dealt with 5,500 patients. They are brought from the coast in hospital trains, from 100 to 200 at a time. They may arrive at any hour of the day or night, a telegram being first despatched to the Commanding Officer advising him of the time of arrival. They are met at the station by ambulances and motors and quickly conveyed to the warm and comfortable wards, where the luxuries begged for are first a shave, and then, if the man's injuries admit of it, a bath. During January 1,617 patients have been admitted, 1,615

discharged or transferred, and there have been two deaths. The patients include men both of the Expeditionary and the Central Forces and a few Belgians. A large number of outpatients attend for massage, as many as 120 receiving this treatment in a morning.

The nursing staff are fortunate in being assigned as their quarters University House, ordinarily the hostel for women students at the University. Miss Cottam, whom visitors to the Nursing Conference last year will remember in connection with the day spent at Warwick and Stratford, is the Sister-in-Charge. The students' bed-sitting rooms are most cosy bedrooms, and there is an ample supply of bathrooms and hot water. The common room is charming, and, in the dining-room adjoining, the custom of the hostel in serving meals on the stained and polished tables has been continued. Beyond the dining-room is a serving room, with gas stove, hot cupboard, and pantry, and beyond that again the kitchen.

The Hostel, which is about seven minutes' walk from the hospital, stands in a large garden, with a broad terrace, running the length of the building at the back, and below it a tennis lawn, much appreciated by nurses off duty in the hot August and pleasant autumn days.

The nursing staff have wisely taken advantage of the educational facilities afforded by the progressive city of Birmingham to attend French classes, and their knowledge thus gained was put to a severe test one night when 200 wounded Belgians arrived.

The Bishop of Birmingham, with the help of an assistant, is chaplain to the hospital, and his khaki-clad figure is constantly to be seen about the wards. On one occasion a patient remarked to a visitor: "We don't often see a chaplain here." Somewhat puzzled, the visitor replied: "But I'm sure I have often seen the Bishop in the hospital." "The Bishop," replied the man; "oh, yes; but we don't count *him* a chaplain, he's a pal."

MEMBERS OF THE NURSING STAFF.

The following are the Members of the Nursing Staff of the 1st Southern General Hospital:—

Principal Matron.—Miss E. M. Musson.

Matrons.—(1) Miss K. G. Lloyd; (2) Miss Annie Kerslake.

Sisters.—Misses L. Allen, E. Arrowsmith, E. Ashbarry, E. D. Bullock, H. M. Cottam, K. Denning, M. Donald, M. Duesbury, B. Evans, N. Fellows, N. Goulder, J. Greatorox, M. Gregg, Haddon, E. Harriss, A. Hesketh, A. Hiscock, E. Holden, D. Jones, E. Lindsay, F. Lowe, J. Seddon, E. Sheldon, E. Smith, G. Tommy, F. Wilson, K. O'Donnell.

Nurses.—Misses A. Acton, Adams, A. Ashby, A. Bale, M. Bateman, D. Bennett, E. Bennett, L. Biggs, F. Birkin, N. Brett, A. Broadfoot, A. Brown, K. Bunch, Callard, Caley, A. Campbell, A. Chambers, F. Cloake, K. Cooke, B. Cooksley, N. Crawford, L. Cross, T. Crumlish, Cullwick, K. Davis, M. Dickens, E. Ellis,

E. Ellison, L. Evans, Ffoulkes, Fisher, G. Frope, E. Froggatt, E. Gahan, B. Gadd, E. Gall, N. Gibbins, A. Goldstraw, A. Green, I. Green, Hall, M. Hamilton, M. Hay, E. Healey, M. Heard, B. Hennessy, Hensman, O. Hill, Hill Davis, M. Holt, Emily Hughes, P. C. Hughes, Humphreys, Jackson, W. James, Jenkins, King, Laing, London, J. Macleod, M. Macleod, McLelland, Mills, Moffett, Moorby, C. Moore, E. Moore, A. Morris, E. Morris, M. Morris, E. Munro, E. Murray, J. Murray, G. O'Sullivan, E. Palmer, Phelps, M. Poynton, Ramsbottom, Rhead, N. Sayer, E. Scott, J. Shaw, A. Shield, R. Silcock, F. Skinner, N. Smith, J. Snow, A. Stait, M. Summerhill, O. Summerhill, J. Sumner, L. Taggart, V. Thornborrow, G. Towler, E. Walker, J. Walker, Waters, Whewell, Esther Williams, Evelyn Williams, Lily Williams, Sarah Williams, G. Wood, K. Wreford, E. Simpson.

STATE REGISTRATION.

INSUFFICIENTLY TRAINED NURSES.

At a meeting of the Council of the British Medical Association, held in London on January 27th, the Medico-Political Committee considered the following Minute of the Annual Representative Meeting, 1914, on Insufficiently Trained Nurses:—

Minute 25.—That this meeting views with concern the increasing number of insufficiently trained nurses, and instructs the Council to call upon the Government and the other authorities concerned to take steps to remedy this evil.

The Council will report to the Representative Body that it is of opinion that the number of untrained nurses who can obtain employment is due partly to there being an insufficient supply of trained nurses; that this deficiency will be remedied by anything which increases the status and attractions of the nursing profession; and that, therefore, the result desired will be best brought about by the Association continuing its efforts to obtain State Registration of Nurses.

Sir James Barr (consulting physician, Royal Infirmary, Liverpool), Dr. Buttar (London), Dr. J. R. Hamilton (Hawick), Dr. F. J. Smith (senior physician, the London Hospital), and Mr. F. Charles Larkin (assistant surgeon, Stanley Hospital, Liverpool) desired that their disapproval of the decision might be recorded.

Thirty-seven members of the Council were present at the meeting.

Nurses owe a debt of gratitude to the Council of the British Medical Association for their interest in this question, which is of the utmost importance to their patients.

NURSING AND THE WAR.

We understand that a coat and hat have been sanctioned for use by the members of the Territorial Force Nursing Service, many of whom find that the regulation cape is not sufficiently warm. The coat may be worn with the present bonnet, but the hat must not be worn with the cape.

We are glad to hear that the members of the London Nurses' Co-operation several of whom volunteered for the Territorial Nursing Service are not being called in after six months' work, as rumoured. The members, in this time of emergency, are to decide for themselves, and to remain on active service if they choose, although no doubt, the Co-operation will be affected financially by the loss of so many nurses. One-third of the members of the Registered Nurses' Society are on active duty, and more may have to be spared if our wounded are in need of more trained nurses.

Her Majesty the Queen has consented to become patroness of the Serbian Relief Fund.

Lady Paget and the nursing staff she took out to Serbia are returning to England. The conditions are almost impossible for the average woman owing to poverty, lack of supplies, and general disorganisation.

Nothing, however, appears to dishearten Mrs. St. Clair Stobart, who is now in England and is most anxious to move her unit, organised by the Women's Imperial Service League, from the Anglo-French Hospital at Cherbourg to Serbia. We hope it may be arranged, but the difficulty appears to be that this unit is entirely composed of women, and in Serbia men only are considered capable of sustaining the primitive conditions of living and the insanitary conditions. Already one nurse has died there, and the majority have been sick with one illness or another. As for lady

domestics, such as cooks, laundry-maids, and girl orderlies, they appear to be quite out of place so far, but now that there are several units of English and Scottish nurses working in the Balkans we may hear more hopeful news in the future. Any way, if women can rough it usefully, Mrs. St. Clair Stobart is one of them.



MISS FLORA MARTHA SCOTT.



MISS IVY GRACE PICKERING.

The following nurses left London on Tuesday to join Lady Paget's reconstituted unit:—Miss Beaton, Miss Lilian Gerrard, Miss Grimes, and Miss Peter, with Mr. Roland Bryce and Mr. T. J. Grieve as orderlies.

The second (Lady Wimborne's) Serbian Relief Fund unit also left on Tuesday. The unit included some 50 members:—Administrator, Mr. W. P. G. Graham; Chief Surgeon, Mr. Barrington Ward, F.R.C.S.; Assistant Surgeon, Mr. G. H. Sinclair, F.R.C.S.; Second Assistant Surgeon, Mr. Edmund B. Jones, F.R.C.S.; Physician, Dr. Bellingham Smith; Bacteriologist and Anaesthetist, Dr. J. Dalyell; Matron, Miss Eveline Roberts; Nurses, Miss M. G. Davies, Miss Eleanor Davies, Miss Atkinson, Miss Bishop, Miss Frost, Miss Sinclair, Miss Davidson, Miss Sketchley, Miss Thompson, Miss Ethel Thompson.

In addition there were 9 women orderlies, 12 men orderlies, a cook, assistant cook, laundry-maid, assistant laundry-maid, dispenser and quartermaster.

Miss Monsie Scott, sister of the famous explorer, will act as principal assistant to the Administrator.

Miss Flora M. Scott, and Miss Ivy G. Pickering, whose portraits appear on this page left London by Admiralty transport, as we reported in our issue of the 23rd ult. with Dr. Eliot for Serbia to replace members of Lady Paget's party in-

capacitated by illness. Miss Scott was the Principal of a nursing home in Leicester, and Miss Pickering was a member of her staff. There is plenty of work awaiting them, as enteric is rife and an outbreak of typhus is feared.

JOINT WAR COMMITTEE.

HOME HOSPITALS.

The following nurses have been deputed to duty in Home Hospitals:—

Beaucroft Red Cross Hospital, Wimborne.—Miss NINON.

Alnwick Castle, Northumberland.—Miss M. Pike, Miss M. E. Withers, Miss M. T. Sadler.

Haigh Hall, Wigan.—Miss K. Rennels, Miss E. McFadden.

Staffordshire House, Stone Street, W.C.—Miss G. M. Bennet.

12, Princes Street, Liverpool.—Miss J. Benrose, Miss McGusty.

West Ham Hospital, Basingstoke.—Miss Hatton.

Allan House, Boston, Lincs.—Miss J. Peyton.

Shaw-cum-Donnington V.A.D. Hospital, Newbury.—Miss E. Peacock, Miss M. Parminter.

Bulstrode Hospital, Gerrard's Cross.—Miss D. M. Ivers.

Mary Wardell Hospital, Stanmore.—Miss McMinn.

V.A.D. Hospital, Leintwardine.—Miss E. K. Good.

St. Mark's Hall, Tunbridge Wells.—Miss M. Tolley.

Town Hall Hospital, Stratford-on-Avon.—Miss F. Jourdain.

C.o. Lady Normanton, Ringwood, Hants.—Miss E. Power.

"Wallacefield," Coombe Lane, Croydon.—Mrs. Smith.

Gifford House, Roehampton.—Miss M. Addison.

Red Cross Hospital, Barracks, Grantham.—Miss D. Crimmins.

St. Leonard's Hospital, Victoria Road, Bedford.—Miss H. M. S. Thornton.

Clive Hill Hospital, Downend, nr. Bristol.—Miss Cadwallader.

Earl's Colne, Essex.—Miss K. Ray.

Little Charlton, East Sutton, Maidstone.—Miss H. M. Hick.

Military Hospital, Yarrow.—Miss Ince.

Clifton House, Regent's Park, Southampton.—Miss M. Macdonald.

18, Cadogan Gardens, S.W..—Miss G. E. Davies.

St. John's Hospital, Oatley Manor, Shrewsbury.—Miss M. H. Lea.

ABROAD.

The following nurse was sent abroad at a few hours' notice, to replace one who is ill:—

Hotel Windsor, Dinard.—Miss K. Parry.

It is probable the Brigade Hospital of 500 beds will be sent to Boulogne; it is to fly the old flag of St. John of Jerusalem. The nursing staff has been selected, and a large contingent of V.A.D. orderlies are also to be employed, one from each county, two from Canada, and two from India. Let us hope these workers will be definitely placed as probationers under trained supervision, so that there will be no ambiguity about their duties. Mrs. Arthur James has given £800 for the linen, and another friend £15 for hot-water bottles for this "very own" hospital of the Order.

Two of the four Red Cross Hospitals in the Rennes region have been closed, and the nursing staff have returned home, much to their sorrow. The Mocha Hospital has been removed from the convent and placed in the Bristol Hotel at St. Malo, and the hospital at Trequier, Côte du Nord, is also to remain open for a time. Writing from this hospital, Dr. C. Collingwood Fenwick says:—"We are all doing what I believe to be God's duty out here. Certainly there is jolly little pleasure, and no comfort. I feel for the trained women more than for us men. They have all developed 'feet' twice the size they had when they came over, swollen and blue with the great cold and wet, and yet they go on cheerfully. To me it is marvellous. . . . It is amusing treating these French soldiers. There is no trouble about operating on them; in fact, there is great jealousy if one man is "sent to sleep"—i.e., has chloroform—and the next man does not require it. The most precious possession is the bullet or shrapnel after I have cut it out. They prize these things more than money, and hide them in all sorts of places to avoid losing them. (Note this, nurses who accept souvenirs from wounded patients.—Ed.) There is any amount of typhoid here, and we have 200 beds set aside for general sickness, rheumatism, frost-bitten feet, gastritis, &c."

In reporting the closing of these hospitals in France, Sir Maurice de Bunsen reported to the Ladies' Committee of the Order of St. John that the French doctors had said the doctors might go, "but please leave us the English nurses."

The Church collection for the work of the Joint War Committee amounts to £72,000.

It is proposed by the War Office to provide 50 more hospitals for the wounded, containing 1,000 beds each, and nurses and orderlies are to be encouraged to remain at home, so as to be available for our own wounded troops in the spring. This sounds ominous.

Miss Davies is still engaging Sisters and Nurses for the new King George Hospital, and has had some difficulty in obtaining a sufficient supply of the thoroughly efficient women required.

In this hospital there are fine spacious day rooms, in which such of the wounded as can leave their beds will spend a considerable part of their time. They are to be most comfortably furnished as club-rooms, with writing tables, easy chairs and couches, books, magazines, and games. It costs £250 to furnish each room, and already Lady Wernher has offered to furnish two.

A NOBLE MISSION.

Mr. Ian Malcolm, M.P., is among those who are doing splendid work in tracing the dead, the wounded and the missing in Northern France. So many people are quite unable to obtain any reliable information, and it is the greatest possible comfort to those bereaved or in deadly anxiety to have some confirmation, even if it may only be of their worst fears.

FRENCH FLAG NURSING CORPS.

The Committee have elected about twenty more members of the Corps, and on Thursday, February 11th, the following nurses will leave London for Bordeaux, where they are now urgently required:—Miss R. M. Clark, cert. Miller Hospital, Greenwich; Miss L. H. Sim, cert. Borough Hospital, Birkenhead; Miss M. H. Griffith, cert. Salford Union Infirmary, Fever, Eastern Hospital, Homerton; Miss H. M. Chawkey, cert. Princess Alice Hospital, Eastbourne; Miss N. Burwood, cert. General Hospital, Merthyr Tydfil; Miss W. Lewis, cert. General Hospital, Merthyr Tydfil.

Two units will leave for Paris next week to replace nurses in the Rouen Region, sent to the War Zone. No. XV will have as Supervisor, Miss Isabel M. MacArthur, cert. Western Infirmary, Glasgow, Matron All Saints Hospital, London, and No. XVI will be in the charge of Miss C. Jex Blake, trained at St. Thomas Hospital, London. A certificated Masseuse will be attached to each of these units.

Mrs. Hutchinson has most kindly arranged that one of three *Matinées Musicales* which she is organising is to be given in support of the French Flag Nursing Corps. It will take place at the Boudoir Theatre, Pembroke Gardens, Kensington, on February 25th, at 3 p.m. Tickets, which are 5s. and 2s. 6d., can be obtained from Mrs. Hutchinson, 21, West Cromwell Road, S.W. Some delightful artistes are giving their services, and it is sure to be an enjoyable function.

Sister Lind, of the R.N.S., now with other members of the Society working at Berques, where the needs of the French sick and wounded are very urgent, writes:—"We had a very tiring journey here from Bordeaux, sleeping our last night in Calais in an old engine-room turned into a Belgian Red Cross Ambulance, where we lay on stretchers on the floor in a corner, and watched the wounded being brought in from the trains and being attended to. The Red Cross people were most kind to us, and we were very grateful for the shelter, our train from Paris being delayed, we arrived long after the hotels were shut. Any way, next day, after a few hours' wait in Dunkerque, we finally arrived here, very tired and dirty. . . . In the meantime we are all very well and happy to have found a good use for our services. . . .

"We are now busy with three of the Guy's Unit nursing typhoid and other medical cases in an old school improvised into a hospital. I write to ask if you, or any of the Committee, could possibly send us any old linen, shirts, socks, old towels—in fact, anything at all usable for patients. There is a very insufficient supply of sheets, cotton shirts, and the roughest of small towels only, which are dreadful to use on men so ill, and we are really very handicapped with so little at our disposal, and this being a small town with few wealthy people, and typhoid cases never being so attractive to the public as wounded ones are, we do not

get any assistance from the town people. . . . In fact, there are not any conveniences of any kind."

This little town of Berques, so near the Belgian frontier, and so close to the fighting line, has no doubt suffered losses in many ways, and we feel sure we shall have a response to an appeal to kind friends to help the Sisters of the French Flag Nursing Corps to obtain the necessary comforts for their poor patients, of whom Sister Lind writes:—"The patients look terribly ill and exhausted, and I really wonder that any have recovered at all in the past with the lack of care and comfort, and we should all be most grateful for anything that could be sent."

Sister Cartwright, Secretary of the Registered Nurses' Society, will be pleased to receive gifts if sent to the office, 431, Oxford Street, London, W. Things most urgently needed are sheets, draw-sheets, pillow-slips, towels (hand and bath), shirts, (cotton and flannel), socks, ward shoes, dressing-gowns, bed-jackets, body-belts, lint and old linen. We have received a parcel of beautiful mittens from Mrs. Lancelot Andrews, which will be sent to Berques. We are also notifying these needs to societies organised to help the French soldiers.

Miss C. P. M. Tod writes from Hôpital Militaire No. 25, Talence, Bordeaux:—"Newspapers are a godsend, especially the illustrated ones. The men love them. You need not stamp them unless they are overweight." Can any kind friends attend to this little want?

Miss F. A. Sparrow and three other members of the F.F.N.C. have been moved from Bordeaux to Bernay, to replace Miss Hanning's unit, gone to the front to nurse fever. She says, in writing to Miss Eden:—"Everybody is extremely nice. They seem greatly to have appreciated the other French Flag nurses who were here before us." We reported the send-off of Miss Hanning and her unit last week; they have been especially successful in winning golden opinions from everyone with whom they worked. No doubt their successors will emulate their example.

A Matron in France writes:—"It is a mistake to think that any standard of surgical nursing will do for France. Here we have very clever surgeons, and they notice the nurses' hands and nails and watch the bandaging very critically." English nurses would do well to rub up their bandaging; many of them are far from expert in this art.

JAPANESE NURSES IN PARIS.

The contingent of Japanese Red Cross doctors and nurses to work in France arrived in Paris last Sunday, and are to be on duty at the Hotel Astoria. The Japanese Mission has brought with it to France a hundred and forty tons of stores. The demure little nurses produced a very pleasing impression in the Champs Elysées. They all wear the order of the Crown on their breasts, and one of the head nurses, Mlle. Yuasa, has the medal of honour of the French Government for distinguished conduct in China.

CARE OF THE WOUNDED.

Mr. C. Arthur Pearson, President of the National Institute for the Blind, 206, Great Portland Street, W., makes an appeal in the press to the members of the House of Commons for the men who have had their sight destroyed while fighting for us, which cannot fail to meet with a sympathetic response. So far, he writes, 22 men have been incapacitated in this terrible manner, including two officers and one non-commissioned officer. They are now to be sent to the 2nd London General Hospital at Chelsea, and all soldiers blinded at the front will be sent there in future. Mr. Pearson pleads for special consideration for these men when the question of pensions and allowances comes before the House of Commons. There will not be many of them, and it is, he says, certain that the country will not grudge any comparatively small additional sum needed to place these young, hearty fellows, plunged into darkness, so early in their lives, in comfortable circumstances.

The Canadian War Contingent Association are collecting contributions of comforts, or funds to purchase them, in anticipation of the requirements of the contingent while at the Front, and to supplement supplies from the Government stores of contingents in England. Socks, body-belts, mufflers, gloves, mittens, cardigans, sweaters, sleeping caps, coloured handkerchiefs, &c., may be forwarded to the Ladies' Committee, at the Westminster Palace Hotel; and subscriptions to Mr. C. C. Casells, Hon. Treasurer, Bank of Montreal, 47, Threadneedle Street, E.C.

The Prince of Wales, who recently visited the Canadian Hospital, at Le Touquet, complimented the commanding officer, Colonel Shillington, on its efficiency, and said that he would mention the excellent work of the hospital in writing to the King.

The Welsh Hospital at Netley is being enlarged to two hundred beds. This means that additional equipment will be required. Gifts of linen, blankets, pyjamas, and other comforts will be gratefully received by the Matron. It is hoped that as soon as the military situation permits this hospital will be taken abroad. In the meantime some of the most serious cases from France are treated in it.

The American Women's War Hospital at Paignon is being enlarged by 30 beds, bringing the total capacity of the institution up to 230. This addition has been made possible by utilising the fine riding school. The new ward will be called "St. George," after a generous donor to the Fund, and when completed will be staffed by English and American nurses, as are all the other wards.

The casualties of the Expeditionary Force in the Western area up to February 4th, were approximately 104,000 all ranks.

LETTERS FROM THE FRONT.

FROM VERSAILLES.

No. 4 General Hospital, Versailles, is, I suppose, the largest and best equipped of the British Expeditionary Hospitals, so possibly some account of it may be of interest. As it was formerly an hotel there is a plentiful supply of hot and cold water and electric light everywhere, which is a great boon. There are three wards on the ground floor, containing 22, 35, and 51 beds respectively, and on the floors above—four of these—are series of fair-sized rooms containing three, four or five beds each, with a fair number of bathrooms. On the first floor, which is kept for officers—or "Pets," as they are called—are the Theatre, X-ray Department, and Senior Surgeon's office. In the garden are marquees for medical and convalescent surgical cases, dining tents, and two church tents (Church of England and R.C.). The dysentery and enteric tents are in the adjoining field, also bathrooms, which have just been fixed up. Altogether there is accommodation for a thousand patients.

For each floor there is a Sister, two or three Staff Nurses, and several orderlies and one or two medical officers. On an average there are 100 beds on each floor. The routine for work is almost identical with a hospital in England, and the hours are from 7.30 a.m. till 8 p.m., with alternate afternoon or evening off duty (if the work allows). Convoys of wounded arrive every now and then, and men are constantly being sent away for duty or garrison duty. An ambulance train for conveying stretcher cases sufficiently recovered to go on to England takes patients away once a month. We get a great variety of wounds, the cleanest cases being the simple wounds caused by bullets. Shrapnel wounds are mostly very dirty, but perhaps the worst are those of a ricochet bullet, which lacerates terribly. In the early months of the war we had a good deal of tetanus and gangrene, but lately we have had almost more frost-bites than actual wounded.

Tetanus, of course, requires to be isolated, and the treatment is much the same as one sees in England. As it develops sometimes after a patient has come into hospital it is as well that nurses should be on the watch for any signs of general restlessness—violent headache, frequent yawning, and possibly some feeling of giddiness, with darting pains in different parts of the body—any of these being liable to occur previously to the later and more noticeable (because better known) symptoms. In any shell wounds of the arms or legs gas gangrene may be looked for. The patient has severe pain—in the early stages, anyhow—and the wound is most offensive with a characteristic odour, so that after dealing with one case of gas gangrene another would be easily recognised. The peculiar bubbling up of the pus is the same also in all cases. From what one learns from questioning the patients it seems in very many instances that in all probability this condition might have been avoided if only the wound

had not been so tightly bandaged at the first dressing. Immediate incisions and free drainage seem the usual mode of treatment, and large fomentations of boric lint (doubled) need to be frequently applied for some days. The wounds require to be thoroughly syringed twice a day with hydrogen peroxide or carbolic 1 in 60, or iodine, and, of course, any fragments of shell, bone, or clothing need to be removed at once. Lately we have had the most amazing results from injections of anti-gangrene vaccin, $\frac{1}{2}$ c.c. being injected at the first dose and 1 c.c. afterwards daily for about eight days, with a couple of intervals when the injection was omitted for a day.

"Frost-bites" come in in various stages, and a great many different kinds of treatment have

usually given $\frac{1}{2}$ oz. of brandy, 4 hourly egg flips, plenty of milk, chicken broth, &c. As it is at night that the pain and discomfort are always greatest, the resulting sleeplessness requires some remedy. After many trials of aspirin, hot drinks, brandy, phenacetin, and caffeine, hyp. inj. of morphia, or potassium bromide—the latter is found to be far the best.

In all surgical wounds an important item to remember is to treat the injured limb with the necessary extension movements, or massage, so that the after crippling effects may be prevented. Secondary hæmorrhages often occurs after amputation, but nearly always it is the night nurse who comes in for these little excitements.

There is not much to say about the nursing of



No. 4. BRITISH EXPEDITIONARY HOSPITAL, VERSAILLES, TRIANON PALACE HOTEL.

been tried. Rest in bed combined with a liberal diet is usual, and the feet are wrapped up. If they are in a more advanced stage, either black or blistered, or both, they require frequent dressings to try and keep them as dry as possible. The blisters are snipped when necessary, and it seems better to cut away a good deal of the skin than merely to snip a hole just for the fluid to escape. The feet are dusted well with powder (boric 1 oz., amyllum 3 oz., zinc oxide 3 oz.) and the toes kept separated by strips of gauze between, and the whole foot wrapped in gauze and wool till the circulation returns, or, if they are gangrenous, till the line of demarcation appears and amputation has to be done. Bad cases of frost-bite are

the enterics and dysentery cases, as the former are treated according to the modern methods and the latter by the three essentials, warmth, rest and careful diet, with such drugs as are ordered. I might add a word about those we leave behind in the little cemetery on the hill. There we have our little colony of English graves with the plain wooden crosses, and here friend and foe are side by side, as one will see two or three marked, "A German soldier," with just the name above.

M. D. HUNTER.

FROM RUSSIA.

No one who has read of the exertions of Miss Violetta Thurstan since the middle of August will be surprised that her strength has given out,

and that she is ill in Russia. It is well to know that a kind friend is sending to Russia to bring her home if it is necessary. Miss Thurstan was injured in the leg some little time ago, and the following scrap is the latest news of her before her illness.

"I am just going to write a word and leave it here to be sent some time when there is an opportunity. For I am going into the Cholera Hospital to-night, and so will not have any opportunity of writing I expect. I don't think it will be for very long, but one never knows. It is to replace a Sister who took ill with cholera this morning; it is very bad just now. We hoped the cold weather would have stopped it, but it seems to be more instead of less and of a very bad type. Poor men! it is very hard luck on them.

"I had the nearest chance of my life to-day that I am likely to get in this world. I was out in the road and heard the whirr of an aeroplane. I looked up and was just beginning to think, 'Why, that is a Taube,' when there was a most awful explosion. I couldn't see for a minute and then I found I was just standing over a big hole that a bomb had made that had been thrown out of the aeroplane and had burst in every direction. Some soldiers came rushing up to see if I was killed, and really why I wasn't I don't know. I was awfully startled, because I wasn't expecting anything at all, I was just mooning along thinking of other things. Bad pennies don't come to much harm you see. I have saved a bit of the bomb.

"I am back from Warsaw, you see. My leg is quite healed now, but still a bit stiff. I quite enjoyed being there a few days, but am glad to be back at work."

APPOINTMENTS.

MATRON.

Exeter City Asylum.—Miss Lilian Arrowsmith has been appointed Matron. She was trained at Ancoats Hospital, Manchester, and has been Assistant Matron at West House, Royal Edinburgh Asylum, and Medical Sister at the Royal Infirmary, Dumfries.

The Frere Hospital, East London, Cape Colony.—Miss Hilda G. Liell has been appointed Matron. She was trained at St. Bartholomew's Hospital, London, gaining her certificate after three years' training in 1909, since which time she has had varied administrative experience. Since 1911 she has held the position of Assistant Sister in the Out-patient Department. Miss Liell holds the certificate of the Central Midwives Board so that she is well qualified by experience for the post to which she has been appointed.

SISTER-MATRON.

The Tuberculosis Sanatorium, Barnsley.—Miss Elizabeth Cotton has been appointed Sister-Matron. She was trained in Edinburgh and has worked as a Sanitary Inspector for ten years and as School Nurse for five years.

SISTER.

Western Fever Hospital, Fulham, S.W.—Miss Lily M. Richards has been appointed Sister. She

was trained at the Lewisham Infirmary and has held the position of Sister at the Park Hill Hospital, Liverpool, and at the Brook Hospital, Woolwich, S.E., and of Charge Nurse at the Infirmary, Woodbridge Road, Ipswich.

Miss Constance Mary Wood has been appointed Sister in the same institution. She was trained at the Poplar and Stepney Sick Asylum, and has been Staff Nurse and Charge Night Nurse at the Victoria Hospital, Southend-on-Sea.

Bethnal Green Infirmary, Cambridge Road, N.E.—Miss Lucy Metcalfe has been appointed Sister. She was trained at the Hartlepool Infirmary, where she held the position of Staff nurse. She has also been Home Nurse at the Nurses' Institute, Bolton, and Sister at the Bromley Infirmary.

Miss Emily A. E. Heron has been appointed Sister. She was trained at the Hackney Infirmary, where she was subsequently Staff Nurse and Midwifery pupil, and has been Sister at the Bromley Infirmary.

Miss Myfanwy Davies has been appointed Sister. She was trained at the Bethnal Green Infirmary, and has been Staff Nurse at the Evelina Hospital, and the General Hospital, Wimbeldon, and Sister at the Norwood Children's Infirmary.

SISTER.

City Hospital, Coventry.—Miss Amy A. Hudson has been appointed Ward Sister. She was trained in fever nursing at the City Hospital, Coventry, and received her general training at the Sheffield Royal Infirmary.

Miss Louie Poole has also been appointed Ward Sister in the same institution. She was trained in fever nursing at the Southampton Fever Hospital, and received her general training at St. Giles Infirmary, Camberwell, London. She has been Sister at Broseley Hospital, and Sister at the Sanitary Hospital, Bournemouth.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

Staff Nurse K. F. G. Skinner to be Sister (January 12th).

TERRITORIAL FORCE NURSING SERVICE.

Miss Annie Kerslake to be Matron, 1st Southern General Hospital (January 22nd).

QUEEN VICTORIA'S JUBILEE INSTITUTE. TRANSFERS AND APPOINTMENTS.

Miss Isabella Randall is appointed Superintendent to Darlington. Miss Randall received General Training at Northampton General Hospital, Midwifery Training at Gloucester, and District Training at Brighton, and has since held appointments as Queen's Nurse at Grantham, and also at Chertsey.

Miss Daisy M. Amos is appointed to Tipton; Miss Mabel A. Battye, to Three Towns; Miss Lilian Coleman, to Brixton; Miss Ethel Henley, to Glossop; Miss Constance Kinnerley, to Silvertown; Miss Margaret Lockett, to Three Towns; Miss Suie Millsum, to Exmouth, as Senior Nurse; Miss Helen Nixon, to Gotherington; Miss Lydia A. Palmer, to St. Austell, as Senior Nurse; Miss Kate E. Young, to Paddington (Willesden).

NURSING ECHOES.

The function of the Central Council for District Nursing in London is "to keep themselves acquainted with the current provision for district nursing, and to consider the sufficiency of such provision, and so far as they may be enabled to take steps to promote the adequacy and efficiency of the district nursing service throughout the county, and if necessary to extend the area." In furtherance of this object the Executive Committee is investigating existing conditions in London, with a view to ascertaining how present organizations can be co-ordinated, how far the ground is covered, and how many more district nurses—probably about 100—are required for an adequate service. It is hoped that the Council may receive a Government grant to enable it to extend its operations.

We congratulate the District Nurses' Society, Gloucester, which is affiliated to the Queen Victoria Jubilee Institute, on a bequest of £10,000 from Mr. William Long, J.P., of Gloucester. No nurses do more valuable work, both preventive and remedial, for most modest pay, than Queen's Nurses, and those of the Gloucester District Nurses' Home have a very high reputation. We hope that Mr. Long's example may be followed by others, as so far the work of Queen's Nurses has received little recognition in legacies from the wealthy, and the national services they at present render could be largely extended, with an increased income. Also, the salaries of the nurses themselves could be augmented. Every Queen's Nurse should have a clear salary of £50 per annum.

In addition to his bequest to the Society, Mr. Long has left the sum of £100 and an annuity of £52 to Miss A. J. Little, the Superintendent, and Miss A. C. Clarke, Assistant Superintendent, £104 to Mrs. Minnie Adams, of the same Home, and the residue of his estate to the General Infirmary, Gloucester, to be known as "Long's Trust."

The South Manchester Guardians have unanimously passed the following resolution:

"That the attention of the Local Government Board be drawn to the heavy hours nurses are required to work in the hospitals, and that they be requested to hold an enquiry, with the view of limiting the hours of nurses to eight working hours per day."

In an industrial centre like Lancashire no doubt the difference between the working hours

of nurses, and their own employees, appeals to employers of labour. It was alleged by a Guardian that many splendid young women in their Infirmary at Withington broke down because they could not stand the strain. In her opinion the long hours barred many suitable women from entering the nursing profession.

The annual report of the Glasgow and West of Scotland Co-operation of Trained Nurses, of which Miss Helen M. Rough is Lady Superintendent, shows a constantly increasing prosperity. Founded to provide nurses with regular employment, and a full remuneration for their services, the nurses' earnings in 1894 were £293, and the commission paid to the society £21. In 1914 the nurses' earnings were £14,525, and the commission, out of which the working expenses of the society are provided, £1,063. The total income for the year was £1,742 6s. 2d., and the expenditure £1,447 19s. 2d. At the close of the financial year on September 30th, 1914, there were 188 nurses on the roll. Since the outbreak of war 62 nurses have volunteered for service in nursing the wounded. Some of these are now on the Continent, and a large number are engaged in the various district hospitals. Others are ready to give their services when required. At the annual meeting, at which Lady Stirling Maxwell, President, presided, ex-Baillie J. W. Stewart said that this was indicative of the spirit permeating the nursing profession all over the country.

Dr. Reid drew attention to the position created by the employment of so many nurses on active service, and said it was going to be a very serious matter.

This society incorporates the right principle of giving nurses on the staff representation on the Committee. Those appointed for the present year, in order of seniority, are Misses E. Beaton, Farquhar, E. W. Millar, and Whincup.

Under the auspices of the Ulster Branch Irish Nurses' Association, a lecture will be given by Mr. A. Fullerton on "Some of the Newer Methods of Examination of the Bladder, including the Cystoscope," in the Royal Victoria Hospital, on Monday, February 15th, at 8 p.m.

Miss J. C. Child, the Matron of the Government Hospital, Maseru, Basutoland, has been seconded by the Union Government for service with the South African Military Nursing Service. With her experience during the South African War, her services will be invaluable.

AT LAST.

At last the British Red Cross Society has realized the necessity of enlisting the assistance of experienced members of the nursing profession in connection with the organization of its Voluntary Aid Detachments, members of which have been largely employed in nursing duties during the last six months, and it is with pleasure we report that on the Special Standing Committee on Voluntary Aid Detachments just formed, under the chairmanship of Mr. E. A. Ridsdale, Miss E. H. Becher, R.R.C., Matron-in-Chief of Queen Alexandra's Imperial Military Nursing Service, Miss S. A. Swift, Matron-in-Chief of the Nurses' Department under the Joint War Committee, and Miss Davies, Matron of the new King George Hospital, have seats. The Committee includes the Lady Amphyll, the Marchioness of Winchester, the Marchioness of Tullibardine, the Countess of Airlie, Lady Ball, Mrs. Furse, the Lord Onslow, Colonel Magill, Dr. Sandwith, Dr. Lynn Thomas, and Mr. H. M. R. Coventry, Secretary.

We learn from Mr. Ridsdale that it is proposed, in anticipation of a shortage of nurses, to employ tentatively about one hundred V.A.D. members in the capacity of probationers, working under members of the regular Military Nursing Service in two of the largest military hospitals, and, should it prove successful, no doubt this plan would be extended. At present the introduction of V.A.D. members as probationers into Territorial Hospitals is not contemplated. Replying to our representative's remark that if limited to probationers' duties, under the supervision of an adequate proportion of trained nurses, they might do useful work, but the proportion had not been adequate in many instances at present, Mr. Ridsdale remarked if she were referring to arrangements in some of the hospitals not under the control of the War Office, he could not in any way defend them, but, on the whole, he thought the V.A.D. work had been extraordinarily good.

We hope that the widespread interest in the Report sent in to the Director-General of the Army Medical Service by the National Council of Trained Nurses of Great Britain and Ireland, on the Care of the Sick and Wounded, may have influenced the appointment of the Matrons on this Committee, and are of opinion that their advice cannot fail to be of the utmost assistance, and though we are always in favour of radical re-organization, when a system has been found wanting, yet we hope the formation of this Committee is an earnest of better things.

NATIONAL UNION OF TRAINED NURSES.

At the February meeting of the Executive of the National Union of Trained Nurses, a report was given of the "Urgency Cases Field Hospital for the French," which is being organized by the Hon. Sec., Miss Eden, and a committee of experts. The Committee, feeling sure that members of the Union would wish to be identified in some way with this hospital, decided to give them the opportunity of contributing, either in small sums of money or by giving some article from the list below. Miss Curtis has kindly consented to receive and acknowledge such gifts, which should be sent, plainly marked, "National Union of Trained Nurses"; and bear the name, address and Branch of the sender, and should be sent to the Urgency Cases Hospital, 50A, Curzon Street, London, W.

As the nurses for this hospital will be selected from the N.U.T.N. register, applications from those holding a three years' certificate, from hospitals with an average of not less than 100 occupied beds, should be sent in immediately. A salary is offered, in addition to expenses. Knowledge of French will be a recommendation, and robust health is essential.

The following resolutions have been sent from the Executive:—

1. To the Secretary of State for War, on the appointment of Miss Swift as a member of the Joint War Committee.

That the members of the Executive Committee note with pleasure that a member of the nursing profession has been placed upon the Joint War Committee, but in view of the importance of the work undertaken, they feel bound to urge that yet further representation is very desirable.

2. To the Secretary of the Joint War Committee.

The Executive Committee of the National Union of Trained Nurses recommends that a trained professional matron should be in sole charge of the nursing department of all voluntary hospitals for the wounded, and should have authority to deal with the questions in connection with the nurses and nursing matters, and that the appointment of all nurses to such hospitals should be sanctioned by a body on which the nursing profession is represented.

It has been decided to postpone the Annual Council Meeting and to issue a shortened form of the usual annual report only, as so many of the Branch Secretaries are away on active service.

Miss Holberton, late Matron of Paddington Infirmary, has been elected Hon. Treasurer to the Central Council, in place of Miss Hulme (resigned); and all subscriptions which are now due, should be sent to her, at 39, Great Smith Street, Westminster.

List of articles suitable for members' contribution: Blankets, pillows, hospital kits (suits of clothes), dressing gowns, handkerchiefs, sheets, draw sheets, cloths, towels, night shirts, socks, flannel day shirts, bed-jackets, slippers (felt), small hanging washable bags to hold patients' belongings, pneumonia jackets, hot-water bottle covers, sand-bag covers, small cushions and ring pads, and bandages.

POOR LAW NURSING.

Some time ago the Guardians of the Birmingham Union revised the hours of duty and leave of absence of their Nursing Staff on lines which were very favourably commented on in the nursing world. We are officially informed that they have now carried the matter a step further and have revised the scale of salaries of Charge Nurses and Probationer Nurses and have also standardised throughout their three Infirmaries the periods of probationers' training. The Charge Nurses' Salaries will now be £38 increasing by annual increments of £2 to a maximum of £42 per annum. The period of training for probationers will be one of three years and three months, including the three months' trial period which will be paid for, and the salary will be £12 for the first year, £15 for the second year and £18 for the last 15 months. A selection will be made from the best probationers as vacancies occur in the Maternity Schools for probationers to obtain midwifery training and quality for the C.M.B. Probationers so chosen will remain an extra nine months, making four years in all, and they will receive £18 for the third year only and £26 for the fourth year with the rank of Staff Nurse. The salary for the fourth year is increased more than usual to allow the nurse to pay expenses she will incur in taking some of her maternity training outside the Institution under an arrangement the Guardians have made with two qualified teachers.

MEDALS FOR EFFICIENCY IN NURSING.

The Liverpool Select Vestry have decided to award a gold and a silver medal to the nurses who obtain the highest number of marks in the examination at the end of the three years' term of training of their probationers. The first of these medals, which are inscribed "For efficiency in nursing, Brownlow Hill Hospital, Liverpool," have been awarded to Miss Ethel M. Deas and Miss Annie Jennings, who are to be congratulated on this well-deserved honour.

THE PASSING BELL.

By the death of Mrs. Harriet Coster, Lady Superintendent at St. George's Hospital, Hyde Park Corner, London, S.W., from 1872 to 1897, one of the early workers for the improvement of nursing methods has passed away. As early as 1858 Mrs. Coster was Superintendent Nurse at the St. Pancras Infirmary, where she endeavoured, under the direction of the Medical Officer, first to learn all he could teach her and then to teach her subordinates. Mrs. Coster, who in recent years was Nurse Hon. Secretary of the Royal British Nurses Association died on February 1st., at the age of 82. The first part of the funeral service took place at Kew Parish Church, on Friday in last week, and the interment at Richmond Cemetery.

BOOK OF THE WEEK.

"THE CARNIVAL OF FLORENCE."*

Miss Marjorie Bowen is at home in such surroundings as a carnival provides. She is nothing if not artistic; and the luxury of describing gorgeous scenes of nature and art amounts to almost a passion with her. Her latest work riots in colour. With this vivid background always on her canvas, she sketches in with daring pencil the powerful personality of Savonarola—the one-time prophet of Florence, who denounced with scathing bitterness the frivolity and sins of that gay city. The influence of this monk pervades the book from cover to cover. His sombre teaching is set off against the wanton profligacy of the Medici; and the struggle for ascendancy in Florence between the man who claimed supernatural inspiration, and Pietro—the son of Lorenzo—who reigned over Florence, as head of the Medici—form the subject of the story. Love and passion are depicted chiefly in the person of Aprilis, the lovely daughter of the money-lender, whose betrothal to Astorre della Gherardesca is announced on the eve of the carnival. We are told of her that in all her short life of seventeen years, she had one topic instilled into her, beauty and the power of beauty over the weakness of men. She had accepted her patrician lover as a matter of course; he was her father's choice. Already she was vaguely discontented. What was a woman's life without love? From the loggia of her father's house, she observed a figure disguised by a wolf mask watching her. Later, unseen by her friends, she was standing free in the street, "for a moment with a sense of almost delirious pleasure." Another moment and the man in the wolf mask had seized her in his arms. The struggles of Aprilis were like those of a bird in a trap. The man proved to be the head of the Medici—Pietro—who adopted this plan of humiliating his enemy, her betrothed, Astorre. She tells him, "I will not be the toy of any man, Messare, and her eyes defied him. And if you do me any harm, there are three people who will be revenged on you."

"I will not do you harm, sweet; you are safe with me." And then he stooped and kissed her.

From that moment her foolish heart was captive. The gorgeous and luxurious home of the Medici to which she was taken satisfied the natural cravings of her mind; and though she escapes unharmed—and, indeed, Pietro seemed to have no such intention, at that time being enslaved by Arcangela—she looked longingly back on the forbidden delights, a troubled medley always in her mind between desire and goodness. As may be supposed, Astorre believes the worst of her and the betrothal is at an end. She is married hastily to Crestofano, who, partly out of compassion and partly owing to a pecuniary arrangement with the money lender, consents to the union. Aprilis in her lonely unloved life,

* By Marjorie Bowen. Methuen & Co., Ltd.

comes under the spell of Savonarola, and she is tossed about with doubts and fears. She lays aside her gorgeous dresses, and leaves off the golden dye on her hair. Always unhappy, she essays to get direction from the monk; but his harsh, unsympathetic words discourage her. Twice she leaves her husband to join Pietro; but, in both cases, she returns before it is too late.

The trial of Savonarola, and his failure to prove in the eyes of the world his divine mission by submission to fiery ordeal, ends in his ignominious death. To Aprilis it interpreted failure on every side. In the end, she finds peace with her husband and child.

"My God and my lover failed," she cried, brokenly, "what is there left for me?"

Her husband answers: "I need thee Aprilis; come thou the middle way with me, the way of life and love, neither believing or doubting in anything."

This seems to us a poor way. Aprilis died young. On her tomb was inscribed only this.
"Hic jacet Aprilis." H. H.

We congratulate Miss L. L. Dock and the nurses who have worked so hard in the cause of Women's Suffrage in New York State that the State Senate has passed a Bill, authorising the submission to the people in the November State Election of the Woman Suffrage Constitutional Amendment Bill, which has already passed the Lower House of the Legislature. We hope this will result in the addition of New York to the Suffrage States.

There was a rumour that Domremy, the home of Joan of Arc, the one time Deliverer of France, was in ruins. Happily this is not true. Maurice Barrés suggests a national day for La Pucelle. No doubt after the War such a festival will find a place in commemoration of the greatest heroine of all time.

WORD FOR THE WEEK.

Humble we must be
If to Heaven we go;
High is the roof there,
But the gate is low.

—Herrick.

COMING EVENTS.

February 15th.—Ulster Branch Irish Nurses' Association. Lecture by Mr. A. Fullerton on "Some of the Newer Methods of Examination of the Bladder, including the Cystoscope." Royal Victoria Hospital, Belfast. 8 p.m.

February 16th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Lecture on "Anaesthetics." Dr. Meldon. 7.30 p.m.

February 27th.—National Council of Trained Nurses' Meeting. 431, Oxford Street, London, W. 4 p.m.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

A QUESTION FOR THE PUBLIC.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—I feel it is most advisable for the National Council of Trained Nurses to send to every hospital in Great Britain a copy of the Resolution and Statement sent to the Secretary of State for War prepared by Mrs. Bedford Fenwick, which is published in the issue of your paper of January 30th.

It is a most brilliant and truthful analysis of how the nursing of our gallant wounded is being carried on in inexperienced hands, and her exposure of this system cannot be too widely circulated if we are to prevent a national disgrace.

Yours faithfully,
T. P. GODFREY.

Riverhead, Sevenoaks.

[Mr. T. P. Godfrey placed some very important evidence in support of our Statement before the War Office in an Appendix, for which we are most grateful.—ED.]

SOLDIERS' SOUVENIRS FROM THE BATTLEFIELD.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I be permitted to emphasise the importance of the matter brought before the Matrons' Council at its last meeting, by an absent member, who wrote to draw its attention to the habit of sisters and nurses accepting souvenirs from the battlefield from their soldier patients. In my opinion, it seems most selfish and unwomanly of a nurse to deprive a patient of a treasure that should be kept by him for his nearest and dearest, and be treated by him as an heirloom for his family.

Matrons of hospitals, we all know, are being much over-worked at the present time, but even the busiest amongst them may find time, when their attention is drawn to this existing evil, to speak a few words of warning to their nurses, and point out to them how inadvisable it is for a nurse to ask from a helpless patient a favour that he cannot well refuse her. If this question is well ventilated in the columns of our widely circulated journal, I feel sure the nursing profession will realise that there is but one solution to it, and that is that these souvenirs should never be accepted, much less solicited. May I also suggest that where, from lack of thought, a nurse finds herself in possession of a souvenir from a wounded soldier, that, instead of boasting of her trophy, she should, without delay, gracefully return it to the donor, doubtless with a sense of remorse, at having for a time deprived a man she respects of tangible evidence of his honourable fight for

his country. I do not write without knowing how our wounded soldiers feel about the scraps of metal which might have caused their deaths, and other "inconsiderable items" brought from the field of battle, as I have for some weeks come into intimate touch with such feeling in a hospital for sick and wounded where I have recently been working.

I am, dear Madam,

Yours sincerely,

ANNIE E. HULME

Hon. Secretary Matrons' Council.

[We shall be pleased to hear the opinion of others on this question.—ED.]

THE DANGER OF IGNORANT INTERFERENCE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was glad to see the letter from the Duchess of Bedford in last week's issue. Many nurses resent the assumption of authority over them of women of high social standing, because they never take the trouble to study nursing conditions; and the majority depreciate our standard and term of training, as under the County Nursing Associations. If lay women touch our profession, they should study its ethics and economics; this the majority will not take the trouble to do.

Yours truly,

A QUEEN'S NURSE.

THE WISEST WOMAN IN LONDON.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—If the anti-registration party had had their way, the Volunteer Corps, the Territorial Force Nursing Service, would never have been in existence when War was declared. Lord Knutsford opposed it, going so far—it was reported at the time—as to tell the Lady Mayoress, who initiated the movement, at the Mansion House, that "she was the wickedest woman in London," for helping to organize it. No one can deny to-day that this Volunteer Service is of the utmost national value—twenty-three hospitals for our wounded, containing together well over 12,000 beds, being staffed, through its agency, with the best matrons and nurses in the Kingdom.

The opinion of the "antis" on State Registration is equally reactionary and obstructive. Let Parliament note the fact and discredit it.

Yours, &c.,

A MEMBER OF BART'S LEAGUE.

[We think this Lady Mayoress has proved to be one of the wisest women in London.—ED.]

UNION IS STRENGTH.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Your footnote to "Winifred Holiday's" letter, *re* the reduction of Red Cross Nurses' fees is the very truth. Professional women must unite if they are to work under just

conditions. I am glad you mentioned "nurses in England" as failing in *esprit de corps*, because in Ireland and Scotland the Matrons have set the rank and file a good example, and we have quite a fair amount of professional feeling amongst us in Dublin, and have, as you know, the entire sympathy of the Irish Party in our demand for a Registration Bill, and we are hoping, under a new régime, for Viceregal influence on our side, which we have had against us for the past decade.

Yours sincerely,

IRISH SISTER.

TRUE TALES WITH A MORAL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have been much interested in your series of "True Tales with a Moral," in THE BRITISH JOURNAL OF NURSING. Could you find space for yet another?

A member of a V.A.D. went to a hospital, to visit a woman who had gone there for an operation shortly after the birth of her baby. The baby died at home, while the mother was in the hospital. Before seeing the mother, the member of the V.A.D. said to the nurse in the ward, "Does Mrs. ——— know that her baby is dead?"

Nurse: "I am sure I don't know; that is nothing to do with me. I am here to get her well as quickly as possible."

Did that nurse consider that a nurse's work ends with the care of the body?

Yours faithfully,

C. M. J.

NOTICE.

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps, from the country can be interviewed by arrangement with Lady Barclay, 60, Nevers Square, S.W.

Mrs. Bedford Fenwick will be at 431, Oxford Street, on Friday and Saturday this week, and on Monday next week from 2.30 to 5 p.m. to interview candidates (opposite Selfridge).

Candidates must be well educated, hold a three years' certificate of training, and if possible speak some French. Nurses who speak fluent French are required as Supervisors.

OUR PRIZE COMPETITION.

February 20th.—What is Septic Pneumonia; how should it be treated?

February 27th.—Name important adverse symptoms to be carefully watched for in scarlet fever, and state the significance of each.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

The Midwife.

DIET POINTS FOR MIDWIVES.

Speaking to a friend recently on the superiority of wheatmeal over white flour, she replied: "I don't like it. If I have half a wheatmeal scone in a tea shop I can't eat anything else for hours afterwards. It is too satisfying for me."

Therein lies the chief importance of wheatmeal. It does provide the nourishment that starved bodies demand, and white flour does not. In years of daily experience amongst underfed women and children, the most tragic feature to me is that they wilfully reject the natural and available building material for their bodies which whole wheat supplies, and insist on having the white loaf of dangerously bleached flour, which consists chiefly of starch and water. The bedrock of the fallacy appears to be a colour prejudice. One cannot eradicate the idea that brown bread must necessarily be inferior to white.

Perhaps no one has such opportunity for teaching on this point as the midwife. She can advise the expectant mother that she cannot create strong, healthy babies without the nourishment that whole wheat contains. There can be no objection on the score of cost, as it is sold at the same price as a good quality of white flour. Many bakers, however, prefer to sell the white loaf, as owing to white flour taking up more water than wholemeal does, a sack of white flour will produce considerably more quarter loaves than the same weight of wholemeal.

For some years I have exhaustively tested wheatmeal as a diet. I practically live on it, and keep an enviable degree of health and energy. My personal experience is that one slice of wheatmeal bread is more satisfying than four corresponding slices of white bread. Think of the saving effected here in a cottage household! The objection of some to a very coarse wholemeal bread is reasonable. But there is no need to use that kind. There are many varieties, all of which I have tried, and have found the greatest satisfaction in the pure superfine wheatmeal ground by millstone process by Messrs. J. Reynolds & Co., of the Albert Flour Mills, Gloucester. This flour has been awarded 115 gold medals. If demanded, it could be purchased in every village.

In this time of war and rising prices it is an

urgent necessity that there should be no waste, least of all in cottage homes, and the use of white flour is a terrible waste. Cakes, scones, teacakes, pastry, dumplings, and puddings may all be perfectly made with fine wheatmeal, which contains the whole of the wheat berry finely ground. As the result of personal experiment in this direction I never use any white flour. In the interests of the unborn half of the population midwives and maternity nurses should for themselves test this food question, so as to be able to pass on their knowledge to those who at present go through life enfeebled and suffering through easily avoidable starvation.

Some years ago in New York the superiority of wheatmeal over white flour was conclusively proved by experiment on dogs. Six dogs were for two months fed on white flour, and six on wholemeal, under identical conditions. At the end of that period the dogs fed on wholemeal were in perfect condition, while those fed on white flour exhibited all the symptoms of starvation. Hence the daily pitiful spectacle in our midst of emaciated, rickety, white-faced little ones, whose teeth become carious before they reach the age of six.

There is a movement afoot for imposing by Government a standard flour which contains 80 per cent. of the wheat berry. Some say that wholemeal is too heavy for the English taste. This may be so for those who can afford to eat meat, fish, eggs, bacon, and unlimited butter. But while we are getting rid of the wasteful white loaf in cottage homes, do let us offer the very best—that is, the most nourishing and appetising substitute for it. This can be found only in a finely ground wheatmeal.

HEALTH MISSIONER.

MIDWIVES IN THE COUNTY OF LONDON.

The Midwives Act Committee of the London County Council report that during the year 1914 556 certified midwives gave notice of their intention to practise within the County (an increase of twenty over the previous year). In addition, six notices were received during the year from persons who acted as midwives on specific occasions, and eighteen notices from certified midwives who intended to practise in the County during periods of less than one year.

I'M GOING A MILKING.

The value of women's work received striking proof in the House of Commons on Monday last, when Mr. H. J. Tennant, Under Secretary of State for War, appealed to the Labour members to help the Government to organize the forces of labour so that, when a man joined the Colours, his place might be taken by another not of military age or physique, or by a woman.

One of the most essential trades in the country just now is the milk trade, the supply of labour on the farms to replace the many farm hands who have gone to the war is therefore one of great importance.

In the recent discussion at the Annual Meeting of the Matrons' Council on "Women and their Work during the War," which we report this week, the two points of principal interest were the nursing question, and that of women on the land. Much agricultural work would be difficult for women, but the question of the milk supply is one which eminently concerns them, and it is a problem which they might well make it their business to study and solve. It involves not only work for women, but the nourishment of the people, and it is therefore a factor of tremendous importance in the present war, and without doubt women who give effective help in this direction will be doing national service.

Time was when dairy work, including milking, was considered essentially woman's work; now, with many openings for women, it has to a great extent fallen into the hands of men, and we are told that it is unsuited to women, because, in order that the milk may be sent by trains to the towns, the milking is done at 2 or 3 a.m. This is not an argument which will carry great weight with either nurses or midwives, both of whom do much night duty. There is no doubt that the peasants in other countries work harder in agriculture than our own; or that the physical strength of women of a higher social rank, exhibited in feats of endurance in sports, would not be equal to much of the agricultural work now done, or supervised, by men. "Where there's a will, there's a way," and, given the will, there seems no reason why women should not go a milking; and, in certain directions in agriculture also, fill the places of the absent men. Incidentally, all the milk does not go to towns, often the cream is separated for butter making, and country children as well as town ones need new milk.

A JUSTIFIABLE GRIEVANCE.

A country doctor, in the *Medical Times* complains that "the doctor has recently had his domain encroached upon in so many ways that his work has been reduced to merely visiting and prescribing. There are ambulance men to attend to all or any injuries, there are midwives to attend confinements; there are chemists who prescribe and advise; there are unqualified dentists to draw teeth. There are specialists for every disease, and last, but not least, there are twentieth century manufactured female minor general practitioners

in the form of District Nurses who are open to treat all minor ailments and decide whether the doctor is to be called in or not. These modern conglomerations of smatterings of medical science are usually employed by Nursing Associations with a Lady Bountiful for chief. This Lady Bountiful usually belongs to that type of female who, for her own aggrandisement wishes to superintend nurses—a society fad at present. She is usually a person of feeble intellect, but a person possessed of an uncontrollable desire to know everybody's business but her own. Doctors know her only too well; they also know that what she does not know about the private affairs of the inhabitants of the village is not worth knowing.

"This Lady Bountiful introduces a nurse, who may be a midwife, a sort of club, or so-called association is formed, and the public, consisting of small farmers and tradespeople are invited, or almost compelled to subscribe. The labourer is also coerced into the trap and unwillingly contributes a halfpenny a week. For this sum a nurse is placed at their disposal to attend all minor ailments. What is defined as a minor case is left to the discretion of the nurse. Now is this right?

"I have letters from medical men strongly condemning these associations. One practitioner in exposing the system says the nurse is paid £16 per annum with 4s. 6d. per week allowed for board, and she is under an agreement to remain three years or forfeit £24. He mentioned a case where the nurse after a few months' service preferred to pay the penalty rather than stay. As a rule it is only those nurses whose education and attributes are unsuitable for really proper scientific nursing who attach themselves to these associations.

"The objections to these associations are:— (1) They are illegal; (2) They are misleading to the public; (3) They encourage delay in calling in the doctor; (4) They are usurping the rights and privileges of medical men; (5) They bring discredit on the whole name of nurses; (6) They are not carrying out skilled nursing under medical supervision; (7) By acting independently they are thwarting the doctor and endangering the lives of the people.

"In many instances these so-called district nurses employed by these associations are boastful pretending to an art they imperfectly understand. They pass themselves off on to the credulous public as properly trained nurses, whereas in many cases they are extremely ignorant and imperfectly trained."

Among the means adopted by Lady Bountiful are baby shows where the judge may be a nurse chosen by herself. "According to my experience the most rickety and unhealthy baby gets the prize because it is the biggest."

We quite agree with the writer of the article that associations in which the standards are set by people who have no practical knowledge of nursing are open to grave objections.

THE BRITISH JOURNAL OF NURSING

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EDITED BY MRS BEDFORD FENWICK

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Vol. LIV

EDITORIAL.

NURSING GRANTS.

It will be remembered that, under the Finance Act last year, the Chancellor of the Exchequer apportioned a considerable sum for a nursing grant.

The question of the authority to administer the grant, of course, immediately arose. The County Councils' Association, and the Association of Municipal Corporations claimed that the County Councils were the right authority, through their Public Health Committees, and the Chancellor of the Exchequer had consented to receive a deputation from these bodies, but owing to the War crisis was prevented, and the Government decided that grants in connection with tuberculosis work, and for nursing, should be administered by the Insurance Committees.

The County Councils' Association argues in relation to nursing, with considerable reason, "that the grant being a National grant, intended for general nursing of all classes of the people in need of it, it would be unjust and inexpedient to give it to a body which could only deal with a certain proportion of the population, namely, the insured, and where so agreed, their dependents," and that "there are many persons not insured, because unemployed, whose needs are more urgent than is the case with those belonging to the insured class."

So far we are in complete agreement with the members of the Executive Council of the Association, who have prepared a statement on the subject, as it is hopeful that, even now, the Chancellor of the Exchequer may be willing to hear the cases of the local authorities, who are vitally interested in the setting up of a new organization for dealing with the health of the people.

But when we consider the claim of the Association that this National grant for general nursing should be handed over to the County Councils for administration, then it is at once apparent that the proposition is an extremely dangerous one. While it might be quite feasible if there were a State-recognized minimum qualification for nurses, as there is for medical practitioners and midwives, at the present time it would mean that these bodies which have no qualifications for judging what is a safe standard of nursing, would be given the power to determine this standard. Already, in so far as they do so, they have proved in many instances their lack of judgment. It is true that the standard of three years training required by the London County Council for its school nurses is a sound one, but many County Councils constantly appoint as school nurses women who may be midwives, health visitors, or sanitary inspectors, but who have no nursing qualification, and further, County Councils largely subsidize the training of women by County Nursing Associations, a training which is totally inadequate.

Yet it is seriously proposed, as one reason alleged for not giving the grant to the County Councils was that "they had no statutory power to establish a nursing system," that "the difficulty could be met by paying the grant to the County and County Borough Councils for distribution to any public or private organizations carrying out a system of nursing in their areas, under proper conditions as to public representation and control," the whole being under the authority of the Local Government Board; and the County Nursing Associations and the Cottage Benefit Nursing Association are apparently considered suitable recipients.

The dangerously inadequate standards maintained by the latter Association are so

well known to our readers that it is only necessary to say that to support its work out of State Funds would be a public scandal.

The moral is the urgent necessity for the definition of a minimum standard of training for a nurse through a Nurses' Registration Act.

OUR PRIZE COMPETITION.

WHAT IS SEPTIC PNEUMONIA? HOW SHOULD IT BE TREATED?

We have pleasure in awarding the prize this week to Miss Mary Birkill, Kensington Infirmary, Marloes Road, W.

PRIZE PAPER.

In septic pneumonia there is putrefaction, following inflammation, of the lung tissue. Sepsis is a serious complication, or a morbid condition remaining after an acute attack.

Causes.—Complication after pneumonia; phthisis; pleurisy; empyema; gangrene; cancer; syphilis; or it may be caused through carelessness when giving a nasal douche, where the tube is introduced too far, or the child held in a wrong position, thereby washing the discharges into the lungs.

In the third stage of pneumonia the weight of the lung is increased, and the granular appearance is less marked. The cells undergo fatty degeneration, which terminates in four ways: (a) removal by absorption and expectoration; (b) caseous degeneration and phthisis; (c) gangrene; (d) abscess formation. The lower lobe or the whole of one lung may be involved; the rest of the lung becomes congested and œdematous. A little oozing of lymph is generally found on the pleura covering the affected part.

Pleurisy may be dry, effusive, serous, suppurating.

Dry.—The smooth surfaces become dull and filled with a sticky material which causes them to adhere together. This causes pain.

Effusive.—Smooth surfaces become separated by pressure of fluid, which increases, causing bulging of the chest wall. This fluid may be either *serous* or *purulent*. There is now a dull note on percussion.

Symptoms and Signs.—More marked than in pneumonia. The patient is seriously ill, the face wears an anxious expression, there is depression, hectic fever, the tongue is furred and dry, there is high temperature, quick pulse, and sighing respiration, pain, cough, headache, herpes, constipation, bulging of chest wall.

Treatment.—Nurse the patient in an airy, bright, well-ventilated room, with a southerly aspect if possible. Temperature of room, 60° to 65° Fahr. Disinfect everything; isolate the patient. The doctor may aspirate, first exploring the chest with a curved needle to find out the nature of the effusion, or he may open the cavity and thoroughly drain it. A tube is sometimes inserted to assist in draining. Place the patient in a position to help drainage. Tonics, pure air, nourishing light diet are very necessary. Great care must be given to the back and all prominent places. Watch the abdomen for retention of urine. Methods of treatment often prescribed are:—

For High Temperature.—Tepid sponging, cold sponging, cold pack.

For Sleeplessness.—Tepid sponging, ice to head.

For Pain.—Application of fomentations, stupes, sinapism, leeches, iodine, turpentine, or poultices.

Phthisis.—If an abscess forms and the patient develops septic pneumonia, nurse as for an ordinary case of pneumonia unless there is hæmorrhage. Then icebags will be ordered for the chest; the patient must be kept very quiet. Hypodermic injections of morphia may be ordered, ice to suck, and inhal. of turpentine. No food is usually given by mouth. The patient is kept very warm, but the room must be well ventilated. All rags used and sputum must be burnt, and clothes and utensils disinfected. If the patient perspires, carefully rub down with a warm towel, and give warm dry clothes and hot drinks. Flannel garments should be worn, and a blanket placed next to the patient.

HONOURABLE MENTION.

The paper sent by Miss C. G. Cheatley is admirable, but deals mainly with the question of hypostatic, not septic pneumonia. No others submitted this week come up to the standard deserving of honourable mention.

Septic pneumonia is due to absorption of septic material. No one has mentioned the pneumococcus as one of the common causes of pneumonia, and a direct cause of infection, also a number of other organisms will produce the condition. Predisposing causes are mental shock, nervous depression, damp and exposure, and debilitated bodily conditions. The fresh air treatment is now often used in treating pneumonia.

QUESTION FOR NEXT WEEK.

Name important adverse symptoms to be carefully watched for in scarlet fever, and state the significance of each.

AN INTERESTING CASE.

Since having had the sole charge and responsibility of a child I have realized much more the anxiety through which parents go, and also their utter helplessness in face of anything unusual happening to their children. I have wondered so many, many times why hundreds, possibly thousands, of books are devoted wholly to the feeding and care of infants, yet there are so few which deal with the child and the hundred and one things which are likely to arise and cause worry and anxiety to those responsible. It is on this account I record the following case. I fully realize that if the infant is not properly cared for, the chances are there will be no child, but after a delicate infant has been dragged through the shoals and quicksands of infancy one is usually left high and dry, with many records for the usual things which may occur, but no mention is made of the unusual but possible. Maybe when our nurses record more frequently their experiences, one of them will write a book on children sick and well, and deal with many things now left unrecorded.

This child came under my care when she was 2½ years old; she had a very fair skin, which added to the delicacy of her appearance. I was led to understand she had always been difficult over her food, somewhat precocious and trying. Soon after she came she was medically examined, and pronounced sound but rather anæmic and thin. But experience soon proved that there was something decidedly wrong somewhere, and as the doctor declared she was right physically, we concluded (wrongfully, I now admit) it was moral, being assisted to that conclusion by the child being absolutely undisciplined. She had no idea whatever of obedience, and if she was called would promptly run away, expecting to be followed, caught, and played with. Our greatest trouble, however, was over her food. For weeks—six or eight maybe—things would go well, although the appetite was never keen.

At first, cream was tried, but was soon stopped, as it resulted in sickness. The meals were strictly on text-book lines: plenty of milk, fruit, &c., regular hours, nothing between meals, not many sweets or chocolates. Breakfast consisted of bread and milk or porridge and milk, bread-and-butter with stewed fruit or jam; dinner, meat, vegetables, milk pudding, fruit; supper, milk, bread-and-butter, jam or fruit, sweets and chocolates after a meal, absolutely correct as per text-book.

After a few weeks bread-and-milk was objected to, and, if forced, tears and sickness resulted, but if the child was left alone and told she had to eat it, it was eaten, but very, very slowly, and retained. This would occur more or less at every meal for days, and was generally attributed to naughtiness, the argument being if there is something wrong with the digestion the food would not be retained anyhow, and if she could enjoy bread-and-milk last week, then there is no real antipathy to it, and when eaten, even if objected to, it is retained and digested. Then it was decided it must be obstinacy, as other food which text-books say are not good for children was refused to her, it appeared to be a case of "If I can't have what I want I won't have anything."

This would continue for days; the fit would pass, and for weeks there would be no further trouble.

All kinds of things were tried to improve the general health, such as Parrish's Food, Plasmun, cod-liver oil, Scott's emulsion, eggs, different combinations of malt, but the most successful was plain malt extract.

During the following years several doctors were consulted, with always the same result: organically sound, but anæmic; give her so and so, which prescription was tried with more or less the same lack of success. When she was 7½ she was taken to Switzerland, and it was thought the change of air would surely put more red corpuscles into her blood and colour into her cheeks.

At first it seemed to do so, but after about two months the same trouble began, until, in desperation, it was decided to try a specialist, Dr. Combe, of Lausanne, was recommended as having a great reputation for the treatment of such cases.

To visit a specialist in Switzerland is not nearly the costly affair that it is in England, and although a 20-franc fee is there considered a great deal, it is very moderate compared with the two guineas at home. I can quite appreciate anyone saying, "Why not have consulted a specialist before?" True, but when at least four doctors tell one exactly the same story, one feels somewhat chary of spending guineas, especially when they are scarce.

An appointment was made with Dr. Combe, and his first comment on seeing the child was anæmia. Next the lungs and heart were pronounced sound. The child was next placed on a sofa and the abdomen examined, when quickly came the exclamation: "Ah! there's the trouble. An enlarged liver, which upsets all the digestive tract." What a relief that at

long last the cause was found. Promptly came the question: "Can it be cured?" "Yes, if you follow my directions."

Gladly enough we were willing to do anything to give the child the best possible chance of health, as well as to rid ourselves of a constant anxiety.

The orders were as follows:—Breakfast in bed, to consist of porridge and flutes, which is bread baked in long thin rods, and very crisp. Dinner at 10.30: a piece of grilled meat with a small piece of fresh butter on it; macaroni milk pudding, with stewed whortleberries. At 3.30 a cup of oatmeal cocoa made with milk.

At 6.30 supper, the same as dinner, but without meat. No fluid with meals, but all that was needed between them. A dose of castor oil mixture was ordered to be given once a fortnight in hot tisane—i.e., lime flower or camomile tea. With what pleasure we devoted ourselves to preparing this wonderful diet.

At first the child enjoyed the change of food, although in a short time the monotony palled, but in a few weeks, as she began to improve in health, a better appetite appeared, and the sameness was forgotten.

At the end of two months we paid our second visit to the doctor. He was much pleased with the improvement, but ordered the treatment to be continued for another two months.

At the end of that time the castor oil mixture was stopped and powders substituted, one to be given in a wineglass of Vichy three times a day half an hour before meals, and a half tablet of chlorogen with the dinner for ten days in each month; also some slight additions to the diet, change of fruit, a little cheese added to the macaroni, &c., but each addition was to be made very gradually.

As the months wore on, many other things were added. The child's appearance improved wonderfully; the sickness had totally disappeared after the first week of treatment; the appetite was uniformly good, and the additions to the diet produced no ill effect, so very gradually the hours were altered to fit in with the ordinary meals of the house, this change taking place at the end of 15 months' treatment.

The child is now ten and a half years, a happy, healthy, normal schoolgirl, growing very rapidly, and as full of spirits as a child should be.

The liver is quite normal. Of course, a certain amount of care must be exercised in regard to diet still, but only such care as anyone with a liverish tendency must take.

I have so often thought since why did none of the other doctors think of examining the child's abdomen? And, incidentally, I have never ceased to be grateful that through such simple means the lives of our small family have been relieved of so much worry, and the child has been set upon the high road of health and happiness.

MARY BURR.

ANTISEPTICS AND GUNSHOT WOUNDS.

The possibility of treating newly made wounds with some application which shall prevent the development of sepsis, until such time as they can receive skilled attention, is a problem of the greatest importance at the present time, and the Hunterian Oration delivered by Sir W. Watson Cheyne at the Royal College of Surgeons recently, in which he described experiments which, in conjunction with Fleet Surgeon Bassett-Smith and Mr. Arthur Edmonds, he is making in the disinfection of wounds, especially gunshot wounds, is of exceptional interest.

The problem which these investigators have set before themselves is whether it is possible to introduce an antiseptic into a wound soon after its infliction, which will remain there and inhibit the growth of bacteria until such time as the wound can be disinfected thoroughly. The essential point is that the antiseptic shall remain in the wound and not escape at once. Fluid cannot, therefore, be used, and paste was selected for these experiments. Investigation has proved that there are several antiseptics of value from the diffusion point of view which may be worth a trial in connection with wounds in war. The whole subject must, Sir W. Watson Cheyne says, be thoroughly worked out at the front, but he was able to give definite instances in which an antiseptic paste had been applied to wounds, and in which, in one instance, there was no infection and no suppuration for four days, and, in another instance, for ten days.

A RECORD OF ENTERIC CASES.

It has been decided that the military sanitary officers shall keep a record of each case of enteric fever occurring in this country (1) to ensure that each case is made the subject of inquiry; (2) to provide material for further inquiry where multiple cases occur; (3) to compare the experience of various military units; and (4) to enable a summary to be prepared of the experience of the Army as a whole and in different parts of it.

NURSING AND THE WAR.

The British Red Cross Society report that the Japanese Red Cross Relief Corps unit, which was deputed to duty at its hospital at Netley, is settling down to work, and will prove very useful. The two medical officers have been each given a ward of their own, and the nurses distributed generally over the hospital.

We learn that more beds are being occupied at the Lady Hardinge Hospital, Brockenhurst, and additional nurses are being sent down. Here is an opportunity for the very limited number of nurses in this country who speak Hindustani.

The Urgency Cases Hospital—otherwise the Flying Hospital—for the French, is progressing, and we congratulate Miss Eden in that the French War Office has expressed its desire to have the unit as soon as possible, and has offered various allowances and facilities. The President, Sir

District Nursing Association, is to have a staff of seventeen nurses under her direction, to be selected by the National Union of Trained Nurses, from those holding the certificate of not less than three years' training in an Hospital of a 100 beds or over. The salary offered is £1 1s. a week, and £5 for incidental expenses.



SISTER HELEN, AMERICAN RED CROSS UNIT, RUSSIA.

Since the British Voluntary hospitals on the French seaboard have been taken over by the War Office, they are under the direction of the Royal Army Medical Corps, and run on military lines. This will, of course, make for organization and economy, very necessary when we contemplate the extended preparations being made to care for the sick and wounded, when the Allies advance in the near future.

The Australian Voluntary hospital at Wimereux is one of these hospitals, most beautifully situated, at which preparations are being made to accommodate 300 patients, and as the weather improves it can be extended by the use of tents. Those who



WHERE THE "AMERIKANSKY" SISTERS ARE WORKING.

Arbuthnot Lane, Bart., F.R.C.S., has associated with him a staff of eminent physicians and surgeons, and the Matron, Miss Curtis, late Superintendent of the Hammersmith and Fulham

know the district can realise the invigorating effect of the exquisite air along the dunes and sea shore towards Boulogne, just now, a city of hospitals. What havens of rest for our splendid,

weary, battered men usually straight off duty in the trenches. The Australasian and Canadian nurses in France are doing "just fine." We are all proud of them, and that makes them do better still.

A nurse writes from France, "When I first came out here I could not speak French but made wild dashes at it, immensely to the amusement of my patients, so I made a compact with some of them (officers) and we had a change of lessons; they taught me French and I taught them English. On a certain day a prize was to be given to the one who had got on best. *I won it*, so no one need despair. Now in our off-duty time we have lessons from a regular teacher of languages. No doubt other English nurses are doing likewise."

We have received a nice long letter from Russia, from Miss H. Scott Hay (Sister Helen of the American Red Cross contingent) but as it is not for publication "for cause," suffice it to say she and her unit are working in a fine big Polytechnic School Building, situated some distance from the city—in a beautiful park, with a capacity for 400 patients, and that they are happy in ministering to the Russian wounded, "who are," we learn, "most gratifying, patients and friends" to their new found "Amerikansky" Sisters. One day when some of these kind fellows were leaving the hospital, Sister Helen said to one of them, indicating the Head Sister of the division: "Isn't she a good sister?" He replied: "*Niet Cestra matt*," which meant: "not sister, but mother." And another, a Russian priest, said: "I'm going away to-morrow, and I want all the Sisters to know that a plain Russian soldier thanks them from the bottom of his heart." And, as Sister Helen adds: "I am perfectly sure these kindly expressions were perfectly sincere, it makes our great happiness, feeling we are able to help them and make them happier. We have only surgery, and the men show splendid traits of endurance, cheerfulness and patriotism." More we may not quote, but many friends will be pleased to get just a glimpse of Sister Helen on her mission of mercy, and to hear the unit is well. Her portrait, and a picture of the building in which she is working, appear on the previous page.

Mr. H. Hamilton Fyfe, of the *Daily Mail*, has met Miss Violetta Thurstan in Petrograd, and under the title of "The Story of a Nurse," gives an appreciative column to her work and adventures in the issue of Monday last, much of which has already appeared in our columns.

We are pleased to learn that Miss Thurstan's recent illness is not of a permanent nature. She was wounded in the leg whilst attending to injured men in the firing line, and had an attack of pleurisy as the result of continuous exposure to great cold. The friend who has joined her will, we are pleased to learn, have no need to bring her home, but has gone to assist in hospital work in

Russia. Miss Thurstan writes in her last letter that she is quite well again and going back to her duties. The very best of luck to her.

A nurse from Holland writes:—

"The faults of the Red Cross Societies seem the same all over Europe. The little that Society does here is a series of stupidities in so far as nursing is concerned. Here is a true tale. The matron of a children's sanatorium in the country had to send the children back to Amsterdam in the early days of August, and offered the sanatorium to the R.C.S., as it is an ideal place for convalescents. It replied that the Society could not accept the offer, "because they did not want the soldiers to eat tuberculosis!"

Hundreds of trained nurses have offered their services, but assistants from the aristocracy who do no real work have been preferred before them. They do these things better in America and Japan."

The Militia Department at Ottawa has announced the supplementary list of nurses who are coming over for service with the Expeditionary Forces. Those from Eastern Canada are: Misses M. O. Boulter, Montreal; Matron E. C. Rayside, Lancaster, Ontario; Matron E. Hegan, S. John, New Brunswick; M. Dibble, Woodstock, Ontario; A. A. Thompson, Chance Harbour, New Brunswick; F. Armstrong, St. John; St. Joy Joyce Wishart, St. John; A. L. MacKay, Halifax; M. C. Drew, Liverpool, Nova Scotia; Alice Mills, Truro; M. M. Ellis, Halifax; Annie McNicoll, Ottawa; Allison Dickinson, Toronto; Hazel Gelleau, London; M. B. Hubbs, Hillier, Ontario; M. Motherwell, Stamford, Ontario; M. Elliott, Toronto; W. V. Godard, Toronto; L. P. Shepherd, St. Thomas; A. Riordan, Ottawa; J. Cameron Smith, Powassan, Ontario; Helen Foulds, Hastings, Ontario; L. B. Smellie, Port Arthur, Ontario; L. Manchester, L. Stevens and I. Willies, Ottawa; Freda Taylor, Toronto; C. E. Cameron, E. F. Upton, and F. Dalgleish, Montreal; R. Pentland, Quebec; C. I. Nixon, G. E. Stalker, A. H. Nelson, E. Sullivan, Nella Wilson and Lena Boyd, Montreal; M. G. Harston, Quebec; and Muriel Armstrong, Niagara-on-the Lake.

It is reported from Copenhagen that thirty-eight nurses have been decorated by the Kaiser with the Iron Cross, an honour hitherto reserved for men.

A sentence of three years' penal servitude has been passed upon George Davis, 34, engineer, an old offender, who was found guilty at Rochester Quarter Sessions of breaking into and entering Fort Pitt Military Hospital. The prisoner obtained access to the nurses' quarters. In sentencing him the Recorder said it was bad enough to rob people in their houses, but to steal the goods of sisters who were nursing our wounded soldiers was an infinitely worse crime.

FRENCH FLAG NURSING CORPS.

Miss I. M. MacArthur, cert. Western Infirmary, Glasgow, Supervisor of Unit XIV, left London on Saturday last for France, accompanied by Miss L. H. Sim who was unable to leave on the 11th inst. Miss Edith Wadsworth, R.N.S., cert. Royal Infirmary, Manchester, cert. I.S.T.M.; Miss M. Coats, cert. Ancoats Hospital, Manchester; Miss C. Perkins, Queen's Nurse, cert. Isleworth Infirmary, and Miss E. F. Nevill Parker, Masseuse, cert. Swedish Institute and I.S.T.M.

The great hospital at Talence, Bordeaux, is now fully occupied and many very serious cases have been received, "all a lesson in patience," a Sister writes. The status of trained nurses is now beginning to be well understood, and "the doctors treat us with great respect," our correspondent adds.

The British Sisters, under the direction of Miss Haswell, are responsible for 700 beds; and Miss Gargan, the Supervisor of the Irish unit, has been indefatigable in helping her to get linen and other domestic details in order.

Miss C. Jex-Blake will be in charge of Unit XV., which will leave for France early next week. Mrs. Holgate, from New Zealand, will be one of this party; she came over full of compassion for Belgium, hoping to offer her services to its brave wounded soldiers, but this not being possible, she hopes to work with equal energy for the French. The New Zealand Sisters have done excellently well; they are practical women, who know how to meet and overcome difficulties.

Writing from Verneuil, Miss Hanning is enthusiastic about the splendid fighting qualities of the French soldiers. "I am proud to be nursing them," she writes. "Every one is very good to us here; we are living in a small cottage—bombed, but patched up for us. Miss Eaddy discovered a whole lot of German cartridges in the fire-place the day we arrived—lucky they were found before we lighted a fire." Clothing and comforts for the wounded are urgently needed, and Miss Hanning is to receive supplies.

LETTERS FROM THE FRONT.

HELP URGENTLY NEEDED FOR OUR SICK ALLIES.

The following quotations from the letters of a Sister at Bergues will give some idea of the urgent need there has been, and still is, for all the practical help we can send to the sick and wounded of our Allies. The needs of the patients in Bergues having been brought to the notice of Sir Thomas and Lady Barclay, through Sisters of the French Flag Nursing Corps—eight of whom are battling in various hospitals with an overwhelming number of cases of typhoid, pneumonia, and diphtheria patients—help is to be given through the French Relief Fund, which has already donated £300 towards the good work being accomplished by this Corps.

The needs of Sister Lind, for which we appealed last week, have in some measure been relieved by friends from New Zealand, who have sent gifts of a practical nature through Mrs. Holgate, now in England, and others. Let us hope the linen and clothing dispatched have by now reached their destination, but much more is required.

On all sides we hear that the French soldiers, so grateful, so patient and heroic, are an example of what patriots should be, and we long by every means in our power to relieve their terrible sufferings. British nurses ministering to them are privileged indeed, and are in our opinion performing not only a humane but a loyal duty to our Allies. We are not in sympathy

with recalling British nurses from France.

FROM BERGUES.

There seems to be such a lot to tell you I hardly know where to begin. We've just finished our first day on duty—*real* duty, and I can't go to bed without telling you something of our doings and surroundings. It is perfectly *wonderful* our being here, and we are all most happy in having got our heart's desire—*real* work where we are really needed.

Everybody has been so kind and nice to us and they gave us a hearty welcome everywhere. Rooms were very scarce so I had to be put in a



MISS ISABEL M. MACARTHUR, SUPERVISOR.
UNIT XIV, FRENCH FLAG NURSING CORPS.

little ward at a temporary hospital (awfully amusing—bed of a straw mattress and sheets as thick as sail-cloth, but clean, and all disinfected with formalin). The people in charge were all so nice and hospitable. The young soldier in charge made a special point of telling me that although the door did not lock he had me under his protection! Next morning we all went to see the *Médecin Chef de la Place*, and he told us we had come to Bergues. We've been on duty to-day and have found so much to do we wish we had come three weeks ago. We have *eighty patients* and most of them are serious cases. It is the first time we've been tired after our day's work.

* * * * *

I'm sorry I did not finish this last night, but I was so sleepy. I must tell you about the hospital itself, that's the most important. Of course, as might be expected, the conditions are really awful, but we can better them, and are doing so already. We keep on asking for things and we'll get them in time. In the whole hospital there is only *one* big jug for carrying water upstairs. There is only a pump in the courtyard and hot water in the kitchen, but the *infirmiers* willingly fetch and carry all we ask them. There are only four basins for washing the eighty patients, and no foot-baths at all, and not the sign of a *crachoir*; all the eighty have been using the floor up to now. We began by making all the beds; most of them had not been made for three weeks. The sheets you can surmise about, but the mattresses are dreadful; most of them stained through with all sorts of things. They have *no* pillows, only bolsters. In spite of all the filth there is positively no vermin, so that is a lot to be thankful for. We've made out a list of things we need, *80 crachoirs* heads the list, and they have already given us three *seaux*.

Our hospital was originally a school. In August it was made into a hospital for the *blesés*, for only the light cases. And then three weeks ago they turned it into a typhoid hospital. Of course there are no conveniences such as drain pipes. The *cabinets* for the wards are on the landings at the top of the stairs—wine casks cut in half and a seat put over the top, quite practicable and good (in full view of everyone).

We've been instituting fresh air, washing, and they all take to it delightfully. We've to-day been struggling to prevent the bad cases from walking about. Up to now they've all been allowed to get out of bed to walk, tottering, to the *cabinet*—delirious ones and all. The poor souls have neither slippers, socks, nor any kind of dressing-gown for when they do get out of bed. So they have to put on their heavy marching boots or go barefoot. All their clothes are piled on their beds, on top of their feet.

Of course we have more cases than we can properly manage. We really need four more nurses (These have been sent.—Ed.), two for night duty and two others for day to take charge of the ward on the top floor. Two of us really ought to go on night duty *now at once*. Two *infirmiers* watch at night now but I won't be

happy till two of us are there with them—they know nothing of pulses and what to do really, but are most willing when directed.

We began at once by taking our own temperatures, charting, and giving the hypodermics. In fact, the thermometers the *infirmiers* have been using are all broken and useless; we each have our own little clinical ones fortunately. We need four or six *clinical thermometers (half-minute) centigrade*. We can buy nothing here, and they are so easily broken.

Martial law is very strict here; we are so near the front—fixed bayonets all around the town—special permits necessary for everything. Dunkirk the same. If you know of anyone who wants to send things to the soldiers, ask for bedroom slippers, socks and dressing-gowns.

* * * * *

Yesterday our medical chef asked about one of us being on night duty, so I came on last night for the first month. We ought to be two on at night, but we need the whole four on in the day, so cannot afford more than one on at a time to begin with. There is only one *infirmier* on duty with me for all the 80 patients. Some of the cases are awfully bad, so many with pneumonia as well. We are continually putting the delirious ones back to bed. I began my night duty with a death—a poor young boy of only 18—he is now up in the attic waiting to be carried away to-morrow. It is awful to see so many bad cases with no comforts—or even necessities. We got a big fright yesterday, when a Red Cross *Dame de France* came over the hospital and wanted to be taken on the staff here! Our Major was going to let her come, and I had to tell him "No." That the Minister of War in Paris had promised us we'd be only English *diplômée's* nurses, etc.; that we had tried it in Havre, and it didn't work, etc, so he just said "très bien," and told her she couldn't come.

It is difficult to get in and out of Bergues—a special passport is necessary, and then it's only good for 24 hours.

I'm sorry you have been "inquiète," but perhaps my letters won't make you less so when you realise the conditions for the poor typhoids. One thing is certain—we must have more nurses. I cannot go on for long alone at night with 80 patients, ten of whom are bad cases, delirious and hopping out of bed every little while, and I'm changing their sheets every time they need it—which is sometimes two or three times a night each. I have a different man on at night to help me—each night they take turns, some of them are better than others, but they are all most willing and devoted. The conditions are not bettered much yet, because we've not yet got a jug or a basin more. Fancy washing 80 patients with one little jug and four basins, and the gas rings are not fit in, or any pretence of putting them in.

The floors are filthy, and the windows have never been washed since the place was built (fifty years ago), and when I ask for men to do this work of cleaning they say: "Oh, they have been ordered to come and are coming some time."

This sounds very grumbly, but to go into the 'grave sale' where the eight worst cases are, all delirious, and spitting all over the floor, most of them at death's door, and then to realise we are short of disinfectants—it is a veritable pest-house. Not another *crachoir* has been sent to us, and so far the only difference our coming has made is that the patients are a little cleaner, and look more cared for. To-night there is not a clean sheet to be found in the whole place, and they say the laundry is only done once a fortnight.

I'm feeling very desperate to-night, but not without reason. Some of the beds *must* be changed, some of the cases have frequent involuntary movements—but there, I didn't mean to go into further detail."

SIX WEEKS IN DUNKIRK.

It may, perhaps, interest some to hear of the work of three nurses sent out by the St. John Ambulance to Dunkirk. That is to say the Church Army really undertook the work at the instigation of Lady Bagot who was then working in the station sheds which were being converted into a sort of clearing hospital. We were taken over by the Admiralty yacht and met by Lady Bagot, who told us of the work that was already in progress. The Society of Friends had sent out a number of Doctors in connection with the Anglo-Belgian Ambulance work, and besides doing very useful work helping in dressing-stations and picking up French wounded they were lending a hand in the sheds. At the time we three made our appearance the wounded were coming in in great numbers and the sheds were so packed that the poor creatures lay all over the floor on stretchers as well as on the hastily improvised beds. Lady Decies had been helping right willingly and getting a lot of things done to mitigate the sufferings of the poor soldiers. For quite a long time we had a busy time and came in contact with French, Turks and Singalese. Can one ever forget the impression made on one by the scenes there; the long French or Belgian trains drawing up to the sidings with their sad freights; the patient and almost terrifying composure of the French pious-pious; the picturesque mixture of races and the kind, busy, French medical officer with his "Mon brave" and "Mon petit," always cheery, and hopeful, and courteous to the group of English Doctors and Nurses waiting the order to start dressings, before the re-loading of the trains. Then by degrees the gradual apportioning and reduction of the work into its proper portions; the draughting of a capable lady of the French Croix Rouge and an army of dressers from the Paris Hospitals. Towards the last few weeks there were many more sick than wounded, and friends among the French and English were busy arranging for the nursing of enteric cases which is still going on under very difficult conditions. But nowhere on earth could one have been more privileged to work, or more closely brought into touch with all the stern realities of this dreadful war. To realize oneself in direct contact with the

men straight out of the trenches and to see their wonderful stoicism under such appalling conditions, covered with mud, bruised, bleeding, maimed and dying, and yet expiring joyfully "pour la patrie," is to know that in the end the barbarians must loosen their hold on the fair land of France no matter what it cost her children in blood and tears. The gay, careless French, so heedless of war, so enamoured of life and gaiety and now so quiet and subdued, and with all their trust in their prudent General Joffre, develop before us qualities as yet undreamed of, of endurance and courage under fire. To leave the shores of this island and to work and talk amongst men and women who have seen the deadly peril at their doors, and the "sales bosches" at their house-wrecking work, would determine the least courageous of us never to turn back an inch until the Hun has been absolutely crushed and rendered too weak to attempt again to destroy the world's peace by such horrible and dastardly crimes against mankind. Better still, to feel the welcome given to the *Infirmières Anglaises*, and the appreciation of the help given by our Doctors and Nurses to the wounded of our Allies, is to have had a real share in trying to do something, however small, for our brave Allies. It has been my privilege now to have nursed members of four nationalities engaged in this great struggle and I must confess that though very grateful to be again among my own, my heart goes back always to the poor little devastated country of Belgium we first visited. Its people seem to have such need of all our sympathy with so small a bit as yet untouched, and it may be again my lot to give a hand out there before the conflict ends. However that may be, there is work enough for all, and we trained nurses are needed as we never were needed before. Let it be our part to see that the Voluntary element shall have no share in destroying our own sense of responsibility and discipline, and try and live up to our ideals before a very large and critical crowd who enter the profession only for the moment, and who will again leave us in possession when the excitement of war is over.

FRANCES WAUGH.

A NEW WATER STERILIZER.

Messrs. Burroughs, Wellcome & Co., of Snow Hill Buildings, E.C., have devised a new chemical method for the rapid sterilization of water, which should prove invaluable at the present time.

Ten gallons of water can be treated by the "Tabloid" Brand Water Sterilizer on the following method, with a reasonable certainty that contaminated water may be freed from living typhoid and cholera organisms, and from those bacilli which are known to cause dysentery. Sterilization is effected by means of chlorine, set free in the water from chlorinated lime. The process can be carried out in 15 minutes with one "Tabloid" of Chlorinated Lime, a sample of the water should then be tested for free chlorine with a "Soloid" Potassium Iodide and Starch. The free chlorine is then eliminated with sodium thio-sulphate, leaving the water ready for drinking.

CARE OF THE WOUNDED.

The King and Queen visited the sick and wounded soldiers who have returned from the Front at the Royal National Orthopædic Hospital, London on the 9th inst.

The King visited Cambridge on the 11th inst., to inspect troops, and he afterwards paid a visit to the 1st Eastern General Hospital (Territorials), where there are 1,200 beds. The King visited the wards and spoke to a number of British and Belgian soldiers, who were being treated there, afterwards inspecting the kitchens,

had previously been treated. They shivered. Said No. 1: "They had to take the water from under the beds with a squelcher, and come along with a mop behind; and the food was cold. They brought it along on trolleys, the same as they do here, and I was about No. 60; the nurses were all right, they did their best for you." Said No. 2: "I never had a warm meal the whole time I was there." And then both turned with satisfaction to the glowing fire, while the rain beat on the windows, and the wind howled outside. Certainly we can imagine the cosy fireside more grateful to a sick man under these conditions than the most scientific treatment in an open-air hospital, however beneficial it may ultimately prove. The



NURSES WITH THE EXPEDITIONARY FORCE.

operating theatre, and other departments. He expressed pleasure with all he had seen of the arrangements.

The military authorities at Leicester have commandeered the fine Concert Hall recently erected in the town. They mean to use it as a hospital, and have notified the Education Authorities that they will probably require half a dozen of the largest elementary schools in Leicester, including the secondary school, for the treatment of wounded soldiers.

Recently we were speaking to some patients by the warm fireside in a Territorial Hospital, and had the curiosity to enquire how they liked the open-air hospital at Cambridge, in which they

climate of this country does not predispose to life in the open just now.

Nurse Eva Schofield has something interesting to say of work on an Ambulance train on which she is on duty. She writes to a friend:—

"It is really more than kind of you spending so much time over me and my wants. I told the Tommies I gave the socks to that they had been knitted by a M.Sc. They said they never would have believed that anyone so "brainless" would have troubled to knit for them, and they were very proud of their socks. I received the last three parcels from you quite safely, and some from — before that too; in fact, I think it is really wonderful the way we get them all. I have

never lost one. I cannot tell you what a comfort it has been having so many delightful warm things for our men. The patients often say they would not mind if they got no further than the train. And really they are well cared for. The way our Major looks after them is splendid. The food is first-class—hot fresh meat stews, with vegetables piping hot, and often eggs for their breakfast, and sardines for tea, and then cocoa and bread and butter for supper. This is after a life of bully beef and biscuits in the trenches. No wonder they are grateful! The train is beautifully heated, and the wards for the stretcher cases are most comfortable. We all love being on the train, as there is so much one can do, and the work is intensely interesting. But I must confess that without your work at home we would be sadly handicapped, as it is not much use doing "dressings" and arranging pillows, and then expecting people to say they are comfortable if they are left lying in soaked shirts and socks. Not that No. 2 train ever is wanting, as, thanks to you good folks at home, we now have more than enough for each journey, and keep a supply waggon of our own, in case we ever do run short. But I often wish that the people at home would only realise that they are doing just as much for their Tommies as we are here. This weather has been awful on the poor souls' feet. It is really dreadful the number we take down with frost-bitten feet, and it is no wonder as they are up to their waists in water in many of the trenches."

The Chelsea War Refugees Committee, Crosby Hall, Chelsea, of which Miss M. A. Childers is Hon. Secretary, point out that the Belgians who are fighting amongst the ruins of their old homes have no one to send them warmth and comfort for body and mind. There are Belgians refugees in this country who would gladly work for their soldiers, but they have no means to buy materials and can only give their labour. Gifts of money and of grey and natural flannel, and of wool, neutral or

dark in colour, will be gratefully received by Mrs. Ernest Davies, C.W.R.C., at Crosby Hall, and the garments made with these gifts will be made by Belgians for Belgians and sent out without delay.

The birthday of Abraham Lincoln, the most American President of the United States, has been selected by the American Women's Relief Fund, as an appropriate opportunity to make an appeal in the name of humanity for support of the war hospital, established by them at Paignton, South Devon. The committee have

taken for their motto, Abraham Lincoln's own words: "To care for him who shall have borne the battle, and for his widow and orphan, to do all which may achieve and cherish a just and lasting peace," and they appeal for one dollar as an offering to his memory.

Mr. James Berry, the senior surgeon at the Royal Free Hospital, has telegraphed that the hospital unit taken out in charge of himself and his wife for the treatment of wounded Serbian soldiers has arrived, and that the hospital has been established at Krush-evatz, in Serbia. The unit consists mainly of past and present members of the medical and nursing staff of the Royal Free Hospital.

The King and H.R.H. the Crown Prince of Greece visited the

Erin, when she arrived at the Piræus and displayed great sympathy and interest in the details of the Red Cross Mission to Serbia. The party have now arrived in Serbia.

At the Kensington Town Hall on Thursday, February 11th, Mrs. St. Clair Stobart made an effective appeal on behalf of the hospital she is organizing for Serbia, from which gallant little country the piteous cries of distress have been insistent. The collection taken in the room amounted to over £81; the first donation announced being one of £1 from the Bishop of Kingston, who was unable to be present.



SERBIAN WOMAN AND CHILD.

JOINT WAR COMMITTEE.

HOME HOSPITALS.

The following nurses have been deputed to duty in Home Hospitals:—

Lady Hardinge Hospital, Brockenhurst.—Miss F. M. Ellworthy, Miss I. Bowers, Miss Medley.
Upper Hall, Ledbury.—Miss C. Evan.
Caenshill Military Hospital, Weybridge.—Miss W. M. Corner.

18, Cadogan Gardens, S.W.—Mrs. Hoskins.
Hospital for Blind, 6, Bayswater Hill.—Miss F. A. Davy.

The Chantry, Alford, Lincs.—Miss L. F. Baillie.
Mary Wardell Hospital, Stanmore.—Miss H. M. Anderson.

Red Cross Hospital, Louth, Lincs.—Miss F. Jourdain.

Hilders Military Hospital, Haslemere.—Miss Jameson.

Red Cross Hospital, Clevedon, Somerset.—Miss E. L. Coome.

Royal Bath Hospital, Harrogate.—Miss Overend.
The Hospital, Broadwater, Ipswich.—Miss J. E. Dibblin.

V.A.D. Hospital, Hayes End, Hillingdon.—Miss C. de N. Fraser, Miss E. M. Robinson.

Red Cross Hospital, Cirencester.—Miss S. Dotteridge.

Royal Bath Hospital, Harrogate.—Miss Ada Woods.

V.A.D. Hospital, Mere, Wilts.—Miss M. E. James.

V.A.D. Hospital, Leamington Spa.—Miss L. L. Eskell.

V.A.D. Hospital, Tisbury, Wilts.—Miss D. Gould.
Rivet Hospital, Aylesbury.—Miss L. Hirst.

Kingsclere House, Newbury.—Miss C. Viner, Miss East.

V.A.D. Hospital, Grove House, Harrogate.—Mrs. E. Price.

Red Cross Hospital, Frome, Somerset.—Miss A. Brook.

Harewood House, Leeds.—Miss D. Costello.
Stableford, Bridgnorth.—Miss Connolly.

Hurdsfield House Hospital, Macclesfield.—Mrs. S. Foxe.

Allan House, Boston, Lincs.—Miss McLennan.
Lytchet Manor, Poole, Dorset.—Mrs. Walter Milvern.

27, Grosvenor Square, S.W.—Miss Waldron.

ABROAD.

The following nurses have been deputed to service abroad:—

To Serbia with the Scottish Women's Emergency Corps.—Miss Minshull.

To the Queen of the Belgians' Hospital.—Miss M. M. Sharpin.

To the "Friends" Enticor Hospital, Dunkirk, under Miss Drakard.—Miss Abbs, Miss M. Elliott, Miss M. R. Burke, Miss M. E. Foster, Miss Surman, and Miss Wilkinson (left February 14th).

To Holland, to nurse German wounded.—Miss Cardy, Miss Chitcock, Miss De Buy, Miss Horder.

APPOINTMENTS.

ASSISTANT MATRON.

District Asylum, Ayr.—Miss M. J. Weir has been appointed Assistant Matron. She was trained at the Royal Infirmary, Dundee, and the District Asylum, Montrose, and has worked as a Queen's Nurse in Dundee, and as a private nurse in Edinburgh and London.

DIVISIONAL SISTER.

King George Hospital, Stamford Street, S.E.—Miss Reeves has been appointed a Divisional Sister. She has been Matron of the Royal Victoria Eye and Ear Hospital, Dublin.

SISTER.

General Hospital, Birmingham.—Miss Grace Pearson has been appointed Sister. She was trained at the Wolverhampton and Staffordshire General Hospital; and has held the position of Staff Nurse at the Royal Infirmary, Edinburgh; and of Sister at the District Hospital, West Bromwich.

Indian General Hospital, Brighton.—Miss A. I. Weighall has been appointed Sister. Miss Weighall is a fully trained certificated nurse, and was for some time Theatre Nurse at the Bristol Royal Infirmary. She was appointed Sister at the Military Hospital, Quetta, and afterwards Lady Superintendent of the Lady Roberts Hospital for Officers, at Murree, Punjab, India. In 1902 His Majesty King Edward VII was graciously pleased to bestow upon Miss Weighall the Order of the Royal Red Cross.

ASSISTANT OUT-PATIENT SISTER.

St. Bartholomew's Hospital, E.C.—Miss Sybil M. D. Wharry has been appointed Assistant Out-patient Sister. She was trained and certificated at the same hospital, and has been Sister-in-Charge at Dollis Hill Hospital, and is at present Sister at the Queen's Hospital for Children, Hackney Road, N.E.

TUBERCULOSIS NURSE.

St. Bartholomew's Hospital, E.C.—Miss Dora M. Williams has been appointed Tuberculosis Nurse. She was trained and certificated at the same hospital, and is a certified midwife. She is at present Sister at the Queen's Hospital for Children, Hackney Road, N.E. The appointment of Tuberculosis Nurse is a new one.

SENIOR CHARGE NURSE.

Gloucester Union.—Miss Harriet Emily Morgan has been appointed Senior Charge Nurse. She was trained at Bristol; and has been Head Nurse at Thetford Infirmary, and at the Chard Infirmary.

CHARGE NURSE.

Bradford-on-Avon Union.—Miss Bishop has been appointed Charge Nurse. She was trained at the Swindon and Highworth Workhouse Infirmary, and has been Assistant Nurse at the Andover Workhouse Infirmary, and Charge Nurse at the Isolation Hospital, Trowbridge.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Rosa Wilkinson is appointed Superintendent at Tipton. Miss Wilkinson received

General Training at Camberwell Infirmary, Midwifery Training at Myddelton Square, and District Training at Northampton and has since held the following appointments:—Queen's Nurse, Northampton; Assistant Superintendent, Watford Training Home; Assistant Superintendent (temp.), Hertfordshire C.N.A.

Miss Winifred J. Bignell is appointed to Three Towns, Miss Jane Giles to Hampstead, Miss Ellen M. Hall to Grimsby as Senior Nurse, Miss Helen B. Lee to St. George's, Donnington Wood, Miss Jane C. Murray to Todmorden as Senior Nurse.

FRENCH HONOUR FOR A BRITISH NURSE.

A medal has been awarded to Miss Alice Stephens, a British nurse in the temporary hospital at Houlgate, who contracted typhoid fever while attending with the greatest devotion to patients suffering from the same illness.

NURSING ECHOES.

The Fever Nurses' Association is drawing the attention of the clerks of infectious hospitals to the value of its certificate as evidence of efficient training in fever nursing, and expresses the hope that the Committees of these hospitals will bear this fact in mind when the appointment of Sisters and nurses arises. The Association is endeavouring to institute a uniform standard of training, and its certificate is only awarded when a nurse has received two years' fever training (or one year if she has received general training) in a hospital recognized by the Association, and supplies a certificate from the Matron of the fever hospital to say that she is in every respect fitted for registration by the Association.

There are now 75 names on the roll of the Irish Nurses' Association Nursing Corps of the St. John's Ambulance Association, all fully qualified nurses, who are ready to give their services either at home or abroad. The Association's Division is No. 12, and the members have been fortunate in getting Dr. William de Courcy Wheeler and Dr. Thomas Gillman Moorehead as their divisional surgeons. A good many of the members have been called up for active service, both home and foreign.

An appreciative reader of this JOURNAL writes:—"Before closing, I would like to give you these unsolicited testimonials of your JOURNAL. Dr. T—, who is a Bart's man, and was our doctor here, and belonged to the Special Reserve R.A.M.C., was called out, and is now near Ypres. He wrote asking if I would send him my BRITISH JOURNAL OF NURSING, for he had not time to read his B.M.J., but could find time to read the B.J.N.,

and it was a most popular paper in his mess. A Bart's nurse, also helping to nurse the wounded, asked, before leaving, for my JOURNAL weekly, as her training was now somewhat out of date, and she should rely upon THE BRITISH JOURNAL OF NURSING to help her and keep her up to date. So now my copy goes to her and then on to the doctor at Ypres."

Of course an Editor greatly appreciates such testimony to the usefulness of her JOURNAL—but at the same time she would remind her kind readers that literary excellence and accuracy are expensive items—especially in war time, and ventures to suggest that they should expend a penny weekly in its support, a by no means excessive price for the expert information which they find so valuable.

We regret that owing to pressure on our space this paragraph has been held over.

The members of the Bristol Branch of the N.U.T.N. held their annual meeting on January 28th in one of the lecture rooms of the University, when Mr. Hey Groves delivered a most interesting lecture on "Some of the Problems of War Surgery" to a large audience. There was a collection after the lecture, and Miss Dryden, the Branch Treasurer, reported that she had £5 13s. 4d. to hand over to Mr. Hey Groves for splints and appliances for the voluntary hospitals in France.

After the lecture the members assembled at Fortt's Restaurant for tea and to transact business. It was decided not to print a report for this year, as, owing to the war and a change of secretaries, the autumn programme of meetings had to be given up. The Treasurer presented a satisfactory balance-sheet; this will be printed and sent to members. The Committee was re-elected to serve again for the ensuing year, and Miss Dryden and Miss Smith were elected as joint Secretaries. All communications concerning the Bristol Branch to be addressed either to Miss Dryden, The Children's Hospital, St. Michael's Hill, Bristol, or to Miss Smith, at Healtondale, Stoke Bishop, Bristol.

Mr. J. A. Fleming, K.C., and Professor Harvey Littlejohn, have been appointed by the Local Government Board for Scotland, as Commissioners, to hold an inquiry regarding the general treatment of patients in Belvidere Hospital, Glasgow. It is expected that the inquiry will open on Friday, February 19th, in the Burgh Hall, City Chambers. It is the outcome of the complaint of a father as to the treatment of his child, now deceased, while in the hospital.

THE NURSES INTERNATIONAL MEMORIAL TO MISS NIGHTINGALE.

On January 16th, 1915, we published an impersonal statement from Miss L. L. Dock on the action taken by her as Hon. Secretary in connection with the proposed Nurses' International Memorial to Miss Nightingale, agreed to by the representatives of twenty-three countries at the International Congress of Nurses held at Cologne in 1912.

In reply to this statement we have received the following communication from Sir Henry A. Miers, F.R.S., Chairman of the Executive Committee, Household and Social Science Department, King's College for Women:—

REPLY FROM SIR HENRY A. MIERS, F.R.S.

The Household and Social Science Department of King's College for Women was inaugurated in October, 1908, and had been in existence four years before the Cologne Congress of the International Council of Nurses held in 1912, at which the proposal to found a Chair of Nursing and Health as an international memorial from the nurses of the world to Miss Nightingale was made.

The opening of a Household and Social Science Department in connection with a College of the University of London is the first attempt in this country to introduce a Science Course of University standard bearing upon matters connected with the organisation of households and the general health of the home and the community. America has long since recognised the need of providing her women with such special courses, and has 24 colleges for this purpose, with many of which this Department has been in close touch, both by personal interchange of visits and literature.

In the words of the prospectus, "the main object of these Courses is to provide a thoroughly scientific education in the principles underlying the whole organisation of home life, the conduct of institutions, and other spheres of civic and social work in which these principles are applicable.

The two following Courses of different lengths have been in existence since 1908:—

1. A Three Years' Course for Students whose general education has reached the standard requisite for entry on University Courses of the usual undergraduate type, and.

2. A One Year's Course for (a) Students of graduate standing; (b) Students holding First Class Diplomas in Cookery and Laundry Work.

The Course arranged for Nurses is a combination of the (a) and (b) Courses referred to above, modified to meet their special needs.

The first occasion when this Department came into touch with the Nursing world was in May, 1912, when the Organising Secretary, Miss Julius, spoke at a representative meeting of Secretaries of the Nurses Social Union, on the work being done in this Department. The address aroused

much interest at the time, and the hope was expressed by many present that these Courses might be made available for Nurses in the future.

In June of the following year, through the instrumentality of the Secretary of the Metropolitan Federation of Queen's Nurses who had convened the Meeting in May, 1912, the Secretary had an interview with one of the Trustees of the Florence Nightingale Fund and gave information of the existing Courses in the Department. Further correspondence and interviews between the Trustees and College Authorities followed, and in November 1913 it was agreed that "the work (required by Nurses) was covered to a considerable extent by our existing Courses, and we could arrange to supplement and extend them where necessary in order to provide this special Course."

This being so, the refusal of Bedford College to undertake the institution of Courses already fully provided in another College of the University is easily understood.

The "foundation at King's" referred to in Miss Dock's statement is not in existence. During the last four years the Department has raised over £120,000 for endowment and buildings; it also receives a portion of the Exchequer Grant made to University Colleges, and a maintenance grant of £1,000 a year from the London County Council. The offering of scholarships by the Florence Nightingale Trust does not, of course, add to its endowment.

We are of opinion that this communication in no way controverts Miss Dock's statement of facts.

- (1) That an Educational Memorial to Miss Nightingale, proposed by Mrs. Fenwick, as President of the National Council of Trained Nurses, in 1910, was ignored by the Committee associated with the authorities of St. Thomas' Hospital in selecting a National Memorial to her.

- (2) That so late as June 17th, 1914, the Principal of Bedford College knew nothing of a rival scheme, as in writing on that date to Miss Dock (who had interviewed her on the subject of the proposed Chair of Nursing in the previous March) she says:—"I have been waiting from day to day for some information which I was expecting to obtain, upon which must depend the question of introducing the subject of Nursing into the College curriculum." By June 25th, 1914, Miss Tuke had received the information for which presumably she was waiting, "that a Course for Nurses is actually being started in connection with one of the Florence Nightingale Memorial funds at King's College for Women's Home Science Department."

- (3) That Miss Dock and her colleagues at Teachers' College, New York, were surprised

to learn that St. Thomas' obtained "confidentially" the printed material from the Department of Nursing and Health, where American nurses have established a Chair of Nursing—"needed for laying a plan before the authorities of King's College."

(4) Sir Henry Miers expresses the opinion "that the refusal of Bedford College to undertake the institution of courses already fully provided in another College of the University is easily understood."

In our opinion, this "extension of existing Courses" by no means "fully provides" for the educational scheme to be established in connection with a Chair of Nursing, which should be held by a trained woman Professor of Nursing, the crux of the whole scheme. The King's College scheme by no means satisfies the aspirations of nursing educationists in this country, or those affiliated in the International Council of Nurses; their goal is a Chair of Nursing, an aim which, as Miss Dock points out in her spirited manner, "will be pursued unremittingly until it is finally in existence."

What is most to be deplored in this matter is the "confidential" method of procedure by those responsible for the King's College Scheme, by which, as usual, the Nursing Profession have been excluded from expressing an opinion on their own affairs. The mere fact, however, that the Trustees of the Nightingale Fund have conceded the demand of the National Council of Trained Nurses, that Education should be associated (as apart from charity) with the honoured name of Florence Nightingale, is a distinct victory for its original demand.

E. G. F.

OUR FOREIGN LETTER.

FROM HOLLAND.

DEAR EDITOR,—I have been reading with great interest and sympathy in THE BRITISH JOURNAL OF NURSING your Resolution and Statement to the Secretary of State for War. Of many facts mentioned in that Statement I can say: "c'est tout comme chez nous." As we are happily not involved in this dreadful war, the sad consequences of, on one side, the inactivity of the Red Cross Society; on the other side of their making use of the services of badly-trained persons where nurses are available, are not so bad as in your country. Still it is very much to be deplored, and a shame, that in many cases those Red Cross assistants, who got a steam-training (as it is called here) of nine hours theory and practice all in all, are preferred to the nurses. Nosokômos has openly protested in the papers against these doings of the Red Cross, and probably a Petition will be sent to the Minister of War requesting him

to take this matter in hand and organise a military nursing service. But you will easily understand that all those nurses, who, during the first days of August, offered their services to the Red Cross and never got any call for work, although there was plenty to do when all those poor Belgians came to us, have offered their services elsewhere. Some have gone to Belgium. In December the German Nurses Organisation asked us to send nurses to Austria, where they are sadly wanted. This opportunity of giving help in these sad times was welcomed joyfully by many. Already two groups have departed and a third one is preparing for the journey. They all go to a small town in Bohemia where several large buildings are prepared for the reception of the sick and wounded.

The official communication, that the Congress in San Francisco is put off has reached us. It was a communication which did not surprise me very much, everybody is too much taken up by nursing work to have time for other things left. But although the news of the postponement confirmed what we had suspected for a good while, still it is a great disappointment, we had looked forward to that happy meeting with so much anticipation. But a business meeting will take place to hold the thread for future meetings as Miss Dock writes, and I want to state openly how welcome that news was. I sincerely hope that at that meeting will be decided to hold our next Nurses' Congress as soon as war is ended, and not to postpone it till 1918. If our Council were not a Nurses' organisation whose first duty is to be with the wounded, I should have proposed to arrange a meeting of the European members of our Council as soon as possible. From every where the question is asked, why do not women protest openly against this dreadful slaughter of men?

I am of opinion that the women must keep up internationalism, the friendship for, the better understanding of, other nations, which are the outcome of our international gatherings, then the ennobling and stimulating influence of our Congresses may not get lost. Having had no part in the making of this war, even hating it because war is so absolutely in contradiction to women's nature, we must do everything in our power to keep up the friendship between the different countries. We women have the difficult, but noble task of declaring war on the war, of fighting the hatred, which, like a horrid parasitic plant, has grown everywhere in a single day. We must take care that the ties, which bind us to the women of other countries do not snap. And nurses have a special mission in these times, healing the bodily wounds and bringing together those whom hate has parted. Ours is a work of love, we nurse friend and foe with the same care, our work must show the peoples that women's work has always been and shall always be peaceful work, work which forwards the interests of mankind, work to preserve life instead of destroying it.

Yours truly,

J. C. VAN LANSCHOT HUBRECHT.

Amsterdam.

BOOK OF THE WEEK.

"SPRAY ON THE WINDOWS."*

There is something very attractive in the name "Ann" when it belongs to a young pretty woman with a personality. Mr. Buckrose's Ann holds the attraction as long as we are permitted the pleasure of her acquaintance. She never commits the *bêtise* of being ordinary. No, not when she is reduced to wheeling out her own perambulator. But, of course, when we first meet Ann we haven't got nearly so far as perambulators.

She, the daughter of a struggling doctor and a stepmother, whose one preoccupation during Ann's childhood was that Ann should be happy in spite of a stepmother, and a glowing horde of stepsisters, also that neither her conscience nor her neighbours should accuse her of being unfair—shortly, she spoiled Ann. As the sisters grew up she ceased to receive preferential treatment, and when she realised that life in her home meant very ordinary uninteresting life, and that she was like thousands of others, she began to feel actually defrauded. She came to the conclusion that a really suitable marriage gave a girl the best chance. She therefore proceeded to track a fashionable clergyman. He admired Ann, but married a widow with a *toupée* and a well-invested fortune.

Ann was indignant, as if in nursery days she had been refused a legitimate pleasure for no reason at all. When we first meet Ann she has left home and is in a little seaside lodging on the north-east coast, where she has obtained the post of secretary to a wealthy stout lady who is considerably under psychic influence. Her nephew and heir, Captain Barrington, is now Ann's objective. We protest lest our readers sum up Ann as a common vulgar little schemer. She is nothing of the kind. There is, and we realise it, that something sweet and virginal about her which saves her. Her landlady and her lodgings and surroundings are drawn with a most refreshing skill and humour, and are never overdrawn. We exactly realise Mrs. Walker, who was always tightening her white silk blouse into her trim waist.

It is she who informs Ann of the Captain's existence. Ann's pretty face glowed like it used to do as a child when there was a party in store.

"What is he like?"

"Well," Mrs. Walker pondered, "he is the sort I thought I should marry when I was eighteen and sat up at nights to rub my arms with glycerine. That's the sort he is. Not but what I'm not happy with William."

There was nothing silly or underhand about Ann, and when she saw him she at once determined to fall in love with him. A man of Captain Barrington's type, of course, misunderstood the girl's attitude, and his lovmaking had no definite meaning in his eyes. But with Ann to be kissed

meant one thing only, and on the first occasion that it happens she proposes to at once tell her employer of their engagement. Though surprised, the Captain has the grace to be ashamed of himself, and it was not at all difficult to love Ann. His aunt, however, objects on the ground that the readings of the horoscope showed that the marriage would be unhappy. This objection being more or less overcome, all went merry as a marriage-bell, and Ann's worldly prospects were all that that ambitious young person could possibly desire.

But after all she goes clean contrary to all her preconceived ideas of happiness, and falls in love with a small delicate man in the next lodging who has had two years in gaol for manslaughter—quite *justifiable* manslaughter—and is now living, shunned by his fellows, on his scanty income earned as manager of some brickfields. It was really unnecessary of Ann, but he appealed to the best part of her. She got up early one morning and eloped with him, and never regretted her action, in spite of the struggle of after coming poverty.

Captain Barrington always loved Ann in spite of her treatment.

There is a great charm in this book. Its light breeziness covers some very clever character sketches.

H. H.

AN EPITAPH.

These bones, this dust, were once (believe who can)

A living man ;

What lived within this dust (believe who will)

Is living still ;

These bones shall leap and walk another day

(Believe who may),

And, with belief,

Who may, will, can, go soothe some mourner's grief.

("Words by the Wayside"),

JAMES RHODES.

COMING EVENTS.

February 27th.—National Council of Trained Nurses' Meeting, 431, Oxford Street, London, W. 4 p.m.

April 13th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Lecture on "Burns and Frost-bite." Dr. Mabel Crawford. 7.30 p.m.

NOTICE.

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps from the country can be interviewed by arrangement with Lady Barclay, 60, Nevern Square, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, London, W., on Friday 19th, and Monday 22nd inst., from 2.30 to 5 p.m., to interview candidates. Candidates must be well educated, hold a three years' certificate of general training, and it possible, speak some French. Nurses who speak fluent French are required as Supervisors.

*By J. G. Buckrose. Mills & Boon, Ltd., London.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

A QUESTION FOR THE PUBLIC.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—I have received a copy of the following resolution, and trust you may be able to insert it in the next issue of THE BRITISH JOURNAL OF NURSING, as it is the first public protest of laymen and women on the subject as far as I am aware.

"The Yorkshire Union of National Clarion Cyclists' Clubs.

"Re the Nursing of Soldiers and Sailors,

"At the last meeting of the above Union, composed of cyclists from all parts of Yorkshire, a resolution was passed, protesting strongly against the Government employing untrained and inexperienced nurses. A large number of our comrades are now with the colours, in the fighting line; some have been wounded; and we feel that they are worthy of the very best attention. The best is not too good for them, and we hope that the powers that be will see to the employing of the many thousand of fully-qualified nurses at a remunerative salary, instead of accepting untrained voluntary nurses."

Yours most sincerely,

ALBINIA BRODRICK.

Ballincoona,

Co. Kerry.

[The Hon. Albinia Brodrick, herself a certificated nurse, midwife, sanitary inspector, and health visitor, recently interviewed editors of London daily papers on the subject of untrained nurses in military auxiliary hospitals (some holding the responsible position of Matrons), but one and all evaded publication of her information. An able résumé of the matter appeared recently over her signature in the *Clarion*, since which time her views have received convincing support in that weekly paper.—ED.]

VOLUNTEER VERSUS COMPULSORY
NURSING SERVICE FOR THE SICK
AND WOUNDED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As a rule I do not answer personal attacks on myself by anonymous writers in your journal. They are too frequent, and it matters little or nothing what people who are afraid to sign their names think of me or my work. But I must, because it concerns my relationship towards a splendid set of workers, notice the letter signed "A Member of Bart's League," in which she writes that I "opposed the Territorial Force Nursing Service and the Volunteer Corps." What the Volunteer Corps is I do not know; I never heard of it, so I certainly never opposed it.

Emphatically I state that I never opposed the formation of the Territorial Force Nursing Service. I disliked, and dislike, the method of its organisation, but that is an entirely different matter. The country could not get on without some such organisation. I asked leave to state my objections at the Mansion House meeting, but was asked not to do so and so refrained.

This good lady accuses me of telling the Lady Mayoress that "she was the wickedest woman in London for helping to organise it." I shall be glad if your correspondent will verify this or apologise. It is as offensive as it is untrue.

Yours, &c.,

KNUTSFORD.

Kneesworth Hall,

Royston.

[We are not aware of frequent anonymous attacks on Lord Knutsford in this journal. We frankly criticise his ungenerous policy towards our profession, and shall consider it our duty to do so as long as he obstructs its just organisation by the State, on the analogous lines of medicine and midwifery. Why should nursing alone remain a pariah in the community of healing, to be exploited and depreciated by every quack in Christendom?

Lord Knutsford's objection to the formation of the Territorial Force Nursing Service, on its present basis of inviting nurses to volunteer their services, instead of being selected and supplied by hospital authorities when necessity arose, is admitted in his letter. It will be remembered that at the time of the formation of the Service Miss E. S. Haldane, Vice-Chairman of the Advisory Council, speaking at a meeting at the Mansion House on January 18th, 1909, said that "there were some who considered it unnecessary to arrange for a Territorial Nursing Service in time of peace, considering it a better plan to provide the nurses along with the lint and the bandages in the event of invasion. She thought that women were inspired by patriotic feelings as well as men, and that there should be an appeal to them. Moreover, it was necessary that the nurses should be selected with great care when time and consideration could be given to this duty, which would be impossible in the turmoil of a great war," and at a public meeting of nurses held in the Egyptian Hall of the Mansion House on March 23rd of the same year, at which the Lord Mayor presided, Lady Helen Munro Ferguson emphasised the point that the Secretary of State for War (then the present Viscount Haldane) "had been trying to convert the nation to the necessity for timely preparation, and had done his best to put a close to the era of 'muddling through.' Eleventh hour patriotism was about as useless as the lamps of the foolish virgins. Some people were of opinion that the Advisory Board should go to the civil hospitals and ask them to guarantee a certain number of nurses, but there were various objections to this.

"The whole Territorial Force was organised on a voluntary basis, every unit was allowed to volunteer, there seemed no reason why nurses alone should be deprived of this privilege, and

why in the case of a great profession, the supply should be arranged for—like the inanimate equipment—by contract. Further, a time of invasion would mean a time of exceptional stress, and the civil hospitals would require all their staffs."

How wise was this foresight, how splendidly the nurses of the United Kingdom rose to the opportunity offered them of proving their patriotism was amply demonstrated when war was declared. Matrons, Sisters, and Nurses, to the number of nearly 3,000, whose qualifications had been investigated, and positions assigned to them in time of peace, were ready to respond immediately to the order for mobilization, and we note Lord Knutsford acknowledges that the members of the Service—raised through methods of organization which he did, and does, dislike—are "a splendid set of workers," and that "the country could not get on without some such organization." We think "the Volunteer Corps," *i.e.*, the Territorial Force Nursing Service, has justified the foresight of its promoters.

Lord Knutsford can hardly expect an apology from our correspondent for stating what was true, "that it was reported at the time" that he had told the Lady Mayoress "she was the wickedest woman in London" for furthering the Territorial Force Nursing Scheme on voluntary lines. He says the report was untrue—but it is not untrue that it was "reported at the time" and caused much amusement.—ED.]

"THE WICKEDEST WOMAN IN LONDON."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As Lord Knutsford appears to have forgotten the remark attributed to him by your correspondent, and says that "it is as offensive as it is untrue," may I be permitted to say that when the Territorial Force Nursing Service was being inaugurated, in 1909, the Lady Mayoress kindly spared some of her valuable time to give me some details of the scheme, in the interests of this journal. She then remarked, with some amusement, that Mr. Sydney Holland had told her she was "the wickedest woman in London," for promoting the scheme, and doubtless others heard the same thing. No offence was meant and none taken at the time, so why take the remark *au grand sérieux* now?

Yours faithfully,

MARGARET BREAY,

Assistant Editor,

BRITISH JOURNAL OF NURSING.

SOLDIERS' SOUVENIRS FROM THE BATTLEFIELDS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As you kindly invite the opinion of nurses on the question of "Soldiers' Souvenirs," will you permit me to say that in this hospital, and I hope in many others, it was early understood that no member of the nursing staff should solicit mementoes of the battlefield, however small; and, as far as Sisters and nurses are concerned, I believe it has been carried out. But visitors to the wards—often ladies who come

out of kindly interest and to hear tales of the war—often go away, bearing with them trophies the nurses would have loved to accept, but felt they must not.

The surgeons also keep the shot recovered from wounds, although the men almost always would like to have it. On two occasions, when it had been expressly asked for by the Sister of the ward, I myself washed the bullet and folded it in gauze and pinned it to the patient's shirt, but in both cases it was removed and taken away—not by a nurse but by a doctor—before the patient reached the ward. I do not think nurses are the only culprits, or even the chief ones in this instance.

Believe me,

Yours truly,

THEATRE SISTER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I do not think there can be two opinions on the subject of Miss Hulme's letter. Of course, no Sister or nurse, or any hospital official, should deprive a wounded soldier of his souvenirs from the Front; as Dr. C. Collingwood Fenwick bears witness in your last issue, from France, "they prize these things more than money." Certainly they do, because they are the tangible evidence of their honour and manhood; and long may the Army prize honour more than cash; it means victory, even in defeat and death.

Yours truly,

A MEMBER MATRONS' COUNCIL.

A WELL-SPENT PRIZE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I beg to acknowledge with much pleasure the cheque for 5s. which I received this morning. I intend to spend some of it on the purchase of the "Medical Dictionary for Nurses" by Miss Pope, which I am sure will be interesting and useful, being up to date.

Yours truly,

JOSEPHINE G. GILCHRIST.

Gillespie Crescent,

Edinburgh.

BABY'S DIET CLOCK.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Thank you very much for mentioning and putting a picture of my clock in your journal. I have arranged with the Medical Supply Association, (of 107-173, Gray's Inn Road, London, which has a Dublin branch) to sell and advertise it for me.

Yours truly,

MAY LYLE.

55, Lower Baggot Street, Dublin.

OUR PRIZE COMPETITION.

February 27th.—Name important adverse symptoms to be carefully watched for in scarlet fever, and state the significance of each.

March 6th.—Describe the post-operative care of tonsil and adenoid cases.

The Midwife.

THE MATERNAL INSTINCT.

One of the most poignant questions at the present time is that of the rape of women by both officers and men of the German Army. Neither youth, nor sickness, nor the vows of religious, have been an effective restraint, or appealed to the better instincts of men in many instances fathers. The result of these unspeakable outrages is that in this country alone, there are to-day awaiting the ordeal of maternity more than 1,000 Belgian girls and women—some of them dedicated to the religious life—under circumstances of unparalleled horror.

Inevitably, there arises in the minds of many, to whom, under ordinary circumstances, the destruction of life at any stage is an unspeakable crime, the question of its legitimacy in these cases. The Roman church, which has always strongly defended the rights of the unborn child and which prohibits the operation of craniotomy where delivery by ordinary means is impossible, enjoining the mother to take the greater risk of Cæsarian section, and so save the life of her child, even at the expense of her own, has as yet not expressed an authoritative opinion on the subject, but that individual priests feel strongly may be gathered from a sermon recently preached in a Flemish city by an aged priest, in the course of which he said:

"Yes, my sisters, for it is to you alone that I desire to speak now in the name of the God of vengeance, who condemns, and of the God of pity, who absolves. You will not wish to perpetuate the abomination of which you have been the innocent and holy victims. The dregs of darkness must not appear in the light of day. Let each of you become the pitiless Herod of the opprobrious line which the infamous Amalekites have raised up on their bloody paths. Proscribe, extirpate, exterminate without scruple the filthy and criminal tares which would dishonour one day the pure wheat of our plains, upon which blows the breath of liberty.

"It is I, the man of God, strong in the cry of revolt of my conscience and in the supreme sense of the Divine word, who confer boldly upon you the right, and calmly indicate to you the duty, of letting no impure blood corrupt the treasure of your veins, in which sleep, awaiting the re-awakening of century-old liberties, the high destinies of our race, I give you absolution before God and man, and if there is sin, let the expiation and the weight fall upon me."

Again, not only the church but the State is stirred to action. It is reported from Paris that

"Writing in the *Echo de Paris*, M. Maurice Barres proposes a law *ad hoc*, providing that in the districts invaded by the enemy, women who

fall victims to his violence, may ask the Mayor to have the child resulting from the crime registered as born of 'an unknown father and mother.' The Mayor would automatically consent, and the child would, if so desired, be consigned to an orphanage."

M. Louis Martin, a member of the Senate in Paris, proposes that under certain conditions the penalties for abortion shall be suspended; but M. Malvy, Minister of the Interior, in informing the Social Needs Committee of the Interior of the measures he intended to take with regard to women violated by the enemy, declared that it was necessary to oppose the tendency to encourage abortion or infanticide by violated women.

The Committee unanimously agreed to his proposal of measures permitting victims to be assisted to abandon the child, so that all trace of its origin shall disappear, making provision enabling the mother to regain it should she so desire.

There are also many medical men who consider that under the circumstances the production of abortion is quite legitimate.

But even though the Church, the State, and the profession of medicine consider that exceptional circumstances require exceptional remedies, and that what is ordinarily a crime is permissible, the last word has not been said. That remains with the expectant mother.

One can only dimly guess the horror of the situation for the women subjected to so intolerable an outrage—the school-girl, rudely awakened from day-dreams to the essential facts of life in most appalling circumstances, the affianced bride looking forward to the day when she shall bear a child to the man whom she loves, and by whom she is beloved, the religious, who has deliberately renounced earthly ties that body, soul and spirit may be devoted to the Master whom she desires to serve, all these are agonising with the shock of past outrage, and with the knowledge that in the immediate future they will bear a child begotten by a father whose ruthless disregard for their honour has laid the whole fabric of their lives in ruins. What wonder if such a woman looks forward with loathing to the advent of her child, or that she may conceivably consider herself justified in compassing its destruction?

And yet, when life falls in ruins around us, and we are left desolate, there remains the stern path of duty. It may be a thorny one to tread, but "none ever lost himself along a straight road," and as we walk upon it we discern flowers springing up by the wayside. Is there any consolation we can bring to our sisters now in their Gethsemane?

To discover and to do their duty will, we believe, be their sheet anchor. This will strengthen them to endure, to preserve inviolate the undesired life enshrined, until the appointed time,

in the inmost sanctuary of their being; and with the development of the child there must penetrate the consciousness of the mother, as a ray of light through the dark cloud which envelops her, that the unknown father is not its exclusive parent, that it is bone of her bone, and flesh of her flesh, and as—not excluding the instinct for the preservation of life—the maternal instinct is the strongest in the world, a tenderness for her unborn infant must surely develop in the mother's heart, and the desire that the protection which she at present gives it shall not cease with its entry into a world where it is unwanted and unwelcome, that, so far as in her lies, the sins of its father shall not be visited upon its innocent infancy, but that, God helping her, she will give it the affection which is the right of every child, and will keep the direction of its life in her own hands.

One other point which may add to the horror of the situation cannot escape notice—the possibility of the infection of the mother with specific disease. The problem of the child may in this case be solved by the occurrence of spontaneous abortion, but the plight of the mother demands our profoundest sympathy.

Of the Sisters we hesitate to speak, well knowing the mental and moral shock which they have suffered and are suffering, but, we venture to think that, since maternity has been forced upon them, they should not repudiate its obligations. The way in which they meet this trouble will test to the uttermost the depth and sincerity of their religious profession. But the Divine Master, to whose service they are pledged, understands their griefs, in His Sacred Heart their bruised and broken hearts will find refuge and compassion. They will surely be His very special charge. We may hope too that in their convents, surrounded by the love of their communities, they will be safe from the strife of tongues, and be permitted to fulfil the duties of motherhood to their fatherless children, who especially need a mother's care.

Surely the nurses and midwives of this country to whose lot it falls to nurse these stricken mothers, have a very special privilege in the opportunity thus afforded them of helping to bind up the brokenhearted.

CENTRAL MIDWIVES BOARD.

The following is the Examination Paper set to candidates for the Examination of the Central Midwives Board on February 11th:—

1. Describe the non-pregnant uterus, and its position in the pelvis in relation to the surrounding organs.
2. Describe in detail your method of abdominal palpation. Write notes of a real or imaginary case in which the palpation discovers (1) a second vertex position, (2) a transverse lie.
3. Give the causes of early rupture of the membranes, and its disadvantages.
4. Describe the natural process of the separation and expulsion of the placenta, and the way in which you would watch over it.

5. What rashes may a baby develop during the first ten days of its life? Which of these are serious, and how would you recognise and deal with them?

6. What are the conditions in the case of a lying-in woman in which by the Rules medical help must be sent for? Explain the significance of each condition, and the reason why medical aid is called for.

THE ROYAL MATERNITY CHARITY OF LONDON.

The Annual Meeting of the Royal Maternity Charity of London took place at the Charity's House, 31, Finsbury Square, E.C., on Wednesday, February 10th, at 3.45 p.m., when the chair was occupied by Mrs. Probyn (Deputy Chairman). The attendance was regrettably small.

The various reports were read by the Secretary, whose own Statistical Report showed that the cases attended during 1914 were 934; the infants born were 958; there were 24 twin cases and 40 still-births; the maternal deaths were three and the deaths of infants 11; the ages of the mothers were from 18 to 49; medical help was sent for in 10.70 per cent. of the cases; the cost per patient is £1 10s. 6d.

The Medical Committee reported that, judging from the reports of the surgeons and midwives who attended the cases every possible care was taken of the patients. Six pupils of the school have passed the examination of the Central Midwives' Board during the year.

The general report stated that the misconceptions arising out of the National Insurance Act had diminished the number of subscribers, but there were hundreds of people who received no maternity benefit from the State, and relied entirely on the Charity and similar institutions in their hour of need.

The Chairman then paid a deserved tribute to the work of the Secretary (Major Killick) for the Charity, and the Major said that the midwives were the backbone of the Charity. He would like their patients to come to the Annual General Meeting.

The General Committee (with one exception) and the Auditor were re-elected.

On the proposition of a vote of thanks to the Chairman, the Vice-Chairman, and the General Committee, Mrs. Probyn said that in her opinion the Committee did not deserve the vote of thanks, they should have been there. Their Chairman, Major Tasker, was prevented by his military duties from being present, but it was very disheartening when members of the Committee did not attend the Annual Meeting.

The meeting then concluded, and, after the pleasant fashion of the Charity, tea was served.

His Majesty the King has been graciously pleased to send a gift of £3 to Mrs. Simms, an out-patient of Queen Charlotte's Hospital, who recently gave birth to triplet boys, being attended by one of the hospital midwives.

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EDITORIAL.

THE WAR AND MOTHERHOOD.

One of the effects of the present war has been to bring into prominence the dignity of motherhood, the importance of maintaining the health of the expectant mother, and of conserving that of her offspring, for in the immediate future the lives of all babies will be a valuable asset to the country; those of boy babies that they may grow up to take their place as defenders of the Empire, those of girl babies that they may be preserved for the high vocation of motherhood, women who shall bear a virile race themselves of sound physique, high minded, and honourable, from whom their children, from babyhood upwards, may learn the duty of patriotism, and of devotion to the flag which their forbears have kept flying at such tremendous cost.

What are the present facts as to infantile death? In 1912, out of a million babies born, 95 per thousand died within the first twelve months. It is a percentage to shame any nation, for it is certain that nature intended a large proportion of these babies to live, and that ignorance, and unhealthy conditions of life are to a large extent responsible for this terrible wastage, of practically one infant life in every ten.

Were even half of these lives saved think of the addition to the adult population ultimately, and, therefore, of the gain to the nation if these babies grew up healthy and strong.

For that is the aim of the upbringing of children, that physically they shall be developed to the utmost, that they are not handicapped by the result of preventable diseases, such as ophthalmia, rickets, or tuberculosis which may result in life long incapacity making them a burden instead of an asset to the State.

A study of the question of physical capacity involves three main points. We realize that the child must be well born, well nurtured, and brought up in a suitable environment, if the adult is to achieve physical soundness. To be well born is much, but a constitution initially sound may be irretrievably impaired in the first twelve months by insufficient or improper food. The girl baby may develop a ricketty pelvis through which normal delivery cannot take place when she reaches adult life, and the boy may become bandy legged to a degree incapacitating him for future military service. It must always be remembered, moreover, that rickets result not only from unsuitable artificial feeding. If the mother's health is not cared for her infant may exhibit all the signs of rickets. Again, an unsuitable environment and the foetid air of a slum tenement will quickly undermine the health of the child as surely as if doses of poison were administered to it.

Many babies, however, enter into life handicapped from the outset, because fathers and mothers have not realized the responsibilities of parentage and their duties towards their unborn child.

Both State and parents have thus important duties to the child population. The former in ensuring that the conditions of employment are such that parents shall be able to provide their children with a healthy environment, and parents must realize the duty of acquiring knowledge which will enable them to bring up their children physically, mentally, and morally on sound principles, realizing that such knowledge is not inborn, but must be acquired with painstaking. The parent upon whom the chief duty of rearing infants and young children falls is the mother, and she should spare no pains to fit herself for this duty. The father should encompass her with tenderness, so that the dual duty of child-bearing and child-rearing may not be too great a burden.

OUR PRIZE COMPETITION.

NAME IMPORTANT ADVERSE SYMPTOMS TO BE CAREFULLY WATCHED FOR IN SCARLET FEVER, AND STATE THE SIGNIFICANCE OF EACH.

We have pleasure in awarding the prize this week to Miss G. M. Rainey, St. Bartholomew's Hospital, London, E.C.

PRIZE PAPER.

Scarlet fever may be divided into three types:—Simple, septic, or toxic, and any adverse symptoms would denote the onset of either of the latter, or of some complication.

ADVERSE SYMPTOMS.

Toxic.—An exceedingly high temperature, together with a dusky red rash, marked delirium, vomiting, restlessness, quick pulse, and extremities cold and livid, followed by coma. Usually results in a fatal termination.

Septic.—Well marked initial symptoms, which in a few days instead of improving become intensified. The early eruption disappears, and in its place has appeared another rash of blotchy appearance, more marked on the buttocks, knees, and elbows. Marked restlessness, throat very ulcerated and swollen, the inflammation spreading to the ears and nose, causing purulent discharge.

Glands of neck very swollen and painful. Temperature running high, with frequent fluctuation. This may last for days or weeks, and the patient die from exhaustion or as the result of some complication, or recovery be slow and tedious.

Scarlatinal rheumatism.—Stiffness and pain in joints, in severe cases ending in suppuration, or the inflammation may attack the heart, causing pericarditis, or occasionally valvular disease.

Inflammation of the kidneys (nephritis) is characterised by the presence of blood and albumen in the urine. The onset is attended with headache, vomiting, shivering, glands of neck swollen and tender, and a slight rise of temperature. These symptoms may become graver, if the urine is greatly diminished or entirely suppressed. The most characteristic symptoms of uræmia are convulsions and drowsiness, deepening into coma. The majority of patients suffering from nephritis make a good recovery. On the other hand, death may occur or the disease become chronic.

Throat inflammation, spreading to middle ear, causing "otorrhœa."—Symptoms, pain and rise of temperature, patient if a young child will be fretful, rub its head on the pillow, or put up its hand to its ear. The inflammation may spread to the surrounding bone, involving

the mastoid process, or the facial nerve may be affected, causing facial paralysis. In some cases the inflammation extends deeper, giving rise to abscess of the brain, or the blood in the adjoining vein clots and suppurates, resulting in general pyæmia.

Glands of neck hard, painful and tender, accompanied with a rise of temperature, denote formation of pus, which may lead to extensive sloughing. In the later stages of the disease, a sore throat, nasal discharge, croup, and a rise of temperature would be suggestive of diphtheria, to which scarlet fever patients are very susceptible.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss S. Simpson, Miss K. Köhler, Miss M. Birkett, Miss A. Phipps, Miss D. Vine, Miss F. Sheppard, Miss J. G. Gilchrist, Miss H. M. Springbett, Miss M. McLaren, Miss T. O'Brien.

Miss S. Simpson writes:—"The adverse symptoms in scarlet fever are numerous and important. Not only the tonsils, but also the soft palate and the uvula, may slough. More frequently the glands under the jaw and in the neck are much swollen, and the subcutaneous tissue about them is infiltrated, becoming brawny and indurated. The skin then becomes dusky red, and sloughing takes place beneath it, separating it from the subjacent tissues over a large area. Such cases are often fatal. Extension of the inflammation from the throat up the eustachian tube may cause otitis, resulting in abscess of the tympanum, rupture of the membrana tympani, and otorrhœa. In the course of the scarlet fever this may seem of little importance, but it lays the foundation for serious or fatal results months and even years afterwards, among which may be enumerated suppuration of the mastoid cells, meningitis, abscess of the brain, thrombosis of the lateral sinus or jugular vein, with pyæmia as a result, hæmorrhage from the lateral sinus, and facial paralysis. Deafness on the affected side may of course happen; and a double otitis in a young child may be the cause of permanent deaf-mutism. Other local lesions may occur as sequelæ; for instance, sloughing of the cornea, abscesses in the subcutaneous tissues, or cancerum oris. The most important symptom to be watched for is that of nephritis. It may begin with a chill and rise of temperature, and the passage of smoky or blood-coloured albuminous urine, but more often the first thing noticed is some swelling of the hands and feet and face. Bronchitis, pneumonia, pericarditis, and endocarditis occasionally occur in the

course of the illness. Pleurisy may happen as a sequela; and if effusion take place, it often becomes purulent quite early. As in other severe fevers, dilatation of the heart sometimes occurs, and is recognized by displacement of the impulse."

QUESTION FOR NEXT WEEK.

Describe the post-operative care of tonsil and adenoid cases.

THE VALUE OF SALICYLIC ACID IN THE TREATMENT OF WOUNDS AND TYPHOID FEVER.

The following article by Dr. Albert Wilson, which appeared in the *British Medical Journal* of February 20th, is of considerable interest and value at the present time. Dr. Wilson writes:—

I was so impressed by the value of dry salicylic acid powder in the treatment of the wounded soldiers in France that I recently formulated the following series of experiments *in vitro*. I am indebted to Mr. J. Gilbert Hare, now Bacteriologist to the Hospital of the Alliance, Yvetot, for affording me the use of his laboratory and giving personal supervision; and also to Mr. Dudley-Ward for the accurate carrying out of the technique.

Some have attributed to this drug a saponifying action, but this is surely a term limited to alkaline hydrates in the presence of fats. It has, however, a liquefying action, but of what nature I cannot explain. I was repeatedly struck with its effect in causing dense, often fibrous, sloughs to disappear quickly. The bright red granulating surfaces which followed negative any suggestion of caustic action. The offensive odours would disappear in perhaps twenty-four hours. It caused neither pain nor irritation, however freely applied to wounds. This important fact should be noted by any who may hesitate to use it on account of its well-known solvent action on horny material—corns, &c. It may even be introduced into the abdomen in septic cases.

In former years, when I had a number of cases of typhoid fever to treat, I obtained a large measure of success by the use of salicylic acid as an intestinal antiseptic; and the same in diphtheria (dissolved in glycerine). In typhoid fever I gave it in water, which is rather difficult, as the drug must be rubbed down in a mortar; or mixed with bismuth and mucilage as a vehicle. It had a distinct effect, not only on the temperature, but also on the whole clinical picture.

The effect of salicylic acid in varying strengths was tested on the organisms which attack the intestinal tract as well as those responsible for inflammation, septicæmia, and tetanus. The ordinary agar was found to take up only to 0.5 per cent.; higher strengths than this caused liquefaction of the media—the very process which is useful in removing sloughs when the powder is freely dusted on the wound.

The strengths of the agar tubes were arranged from 0.5 down to 0.025 per cent. of salicylic acid. In these strengths it had no effect on the *B. coli communis* nor on the *B. pyocyaneus*. In 0.5 per cent. the *B. pyocyaneus* did not produce the typical greenish-blue tint in the media, but a faint reddish-brown colour; below 0.5 per cent. the colour was unchanged.

B. dysenteria (Shiga), *B. typhosus*, *Staphylococcus aureus*, and *B. subtilis* were all absolutely prevented growing by the addition of salicylic acid to the media in strengths of 0.1, 0.2, 0.3, 0.4, and 0.5 per cent. They grew at 0.05 and 0.025 per cent.

Streptococcus pyogenes, *B. diphtheria*, *B. pneumonia* (blood serum agar used for this organism) were likewise prevented from growing by salicylic acid in strengths of 0.2, 0.3, 0.4, and 0.5 per cent.; but grew on strengths 0.1, 0.05, and 0.025 per cent.

An active culture of *B. tetani* was procured, and salicylic acid was mixed with glucose agar in the same strengths, but at 0.05 per cent. the medium became liquid, and would not solidify. Strict anaerobic precautions were observed. After a week's incubation it was found that the organism grew freely in strengths of 0.025, 0.05, and 0.1 per cent.; on the other hand, the organism was absolutely inhibited in strengths of 0.2, 0.3, and 0.4 per cent.

I strongly commend these experiments to the consideration of those engaged in the present campaign. In typhoid fever I suggest the use of 3 to 5 grain doses of salicylic acid given with milk, so as to be carried more quickly into the bowel, or in suspension with bismuth and mucilage. The effect of excessive dosage in normal individuals is a slight diarrhoea, with dryness of the evacuations. In typhoid this would not give rise to any complication nor depression.

For wounds I would urge the use of salicylic acid as a first dressing on the field to be applied by the patient or his comrades. A convenient method would be pads of salicylic wool between layers of gauze, after the style of gamgee tissue. In hospitals it could be dusted on from an ordinary perforated container.

I have not had the opportunity of testing *in vitro* the various anaërobic organisms which have been so troublesome and conspicuous in the western war area, but my clinical experience there amply proved the value of salicylic acid in destroying these organisms.

Apart from its convenience and easy application, salicylic acid has special advantages over carbolic acid or iodine. The former is hardly reliable under 5 per cent., while 2 per cent. iodine, besides being painful, has a doubtful and unproved reputation, and may lead to sloughing in damaged tissues. Security is obtained by 0.5 per cent. salicylic acid, while antiseptics actually occurs at 0.2 per cent., or 1 in 500. The fresh serum, being alkaline, takes up the full dose of salicylic acid, so that the threshold of invasion is constantly bathed in a protecting antiseptic.

PHENOMENAL PROGRESS OF REGISTRATION.

The American Journal of Nursing states that with all the imperfections of the registration laws "the amount of legislation, and the improvement in nursing education and professional status during the eleven years since the passing of the first law, is phenomenal."

It says further:—"When we consider that thirty-nine States now have some kind of law in operation for the regulation of nursing, that three new States (Maine, Alabama, and North Dakota) coming into line will bring the number up to forty-two, if their laws are passed, and that there are only forty-nine States in the Union, it will be seen that there will be only seven States without such legislation, and these are the ones without large nursing interests, with the exception of Ohio, which is prevented from securing a satisfactory law by the peculiar restrictions of the Constitution of the State."

One thing is certain: that within the next few years registration laws will be in force in every State of the Union from the Atlantic to the Pacific.

From New Zealand we hear of new regulations gazetted under the Nurses' Registration Act, providing for reciprocal training by affiliated schools. So a pupil from one hospital may be sent for periods of six months or less to other hospitals to study consumption, fevers, and other branches of nursing. How long must we wait before there is a Nurses' Registration Act in force in Britain also?

FRIEND AND FOE.

A sudden call, an equally prompt response, and four British nurses—chosen, in addition to their professional qualifications, for their command of the German language—met in the Matron's sitting-room at the Queen Alexandra Military Hospital, Millbank, commissioned to carry out a most interesting bit of work—to act as the Nursing Staff on the ship conveying wounded and disabled German prisoners to the Continent, and to bring back our own men who have been prisoners in Germany, on the return journey. Such an opportunity of service to friend and foe makes a nurse rejoice, and count as a small thing the hard work demanded of her in the most exacting profession of her choice, when it has fitted her to give the help, of which only trained nurses are capable, to heart-sore prisoners in an alien country, and to be the first to show to our own splendid men, bruised and broken in this cruel war, through the care lavished upon them, something of the tenderness and pride with which the heart of the whole nation throbs in unison.

It was from one of the four—Miss Chittock, Sister-in-Charge of a Nursing Home in Dorset Square, W., formerly Assistant Matron at Guy's Hospital, and the Assistant Matron-elect of the Brigade Hospital to be sent abroad shortly by the Order of St. John of Jerusalem—that we heard the story of that interesting journey.

The experience of the Sisters began when from the window of the Matron's sitting-room at Millbank they saw their patients—the halt, the maimed, and the blind—brought in by an armed escort. Quickly they put their charges into the ambulances waiting to convey them to Victoria Station, and only when in the train did they learn that their destination was Folkestone, not an East Coast port, as they had imagined, and that their destination was Flushing, to which they were to be conveyed by the Dutch ship *Mecklenburg*, which also carried ordinary passengers.

They arrived at Folkestone on the evening of Monday, February 15th, and, as the boat did not sail till the following morning, they were able to get their patients comfortably settled for the night, and to give them supper, for which they had splendid appetites. Amongst the 104 was a spinal case, practically paralysed; some eye cases, but none blind in both eyes, and a good many on crutches; but on the whole they were in good condition, there were no dressings which needed changing, the men were satisfied with the treatment which had

been given them, and in very good spirits at going home, cheery and jolly. Just a few showed a manifest distaste at any contact with the English Sisters. During the night spent in Folkestone Harbour Miss Chittock remained on duty with three orderlies until 4.30 a.m., and then was relieved by Miss Horder, but the men needed little attention.

They left Folkestone at 8 a.m. on Tuesday, the 16th inst., and had an excellent crossing to Flushing. The arrival there was, Miss Chittock relates, most impressive; she only wishes she had been able to reproduce with a camera the scene which remains photographed in her mind. In the foreground a boat filled with sailors; on the quay, members of the Dutch Red Cross; and, waiting behind, the German orderlies. Then they came on board to fetch their patients, the English and German orderlies saluted one another, and the German prisoners—prisoners no longer—crowded round the German orderlies to shake hands with them, some so delighted to meet their compatriots that they broke down and cried. Then they bid a cordial goodbye to the doctors and Sisters, shook hands with their English orderlies, and went on shore, some to the joy of being met by relatives, and those of them who still needed

care to receive, we are sure, the best attention from Dutch and German nurses.

Then the ship's crew began to clean the boat, and the English Sisters went ashore and dined at an hotel, as did also the doctors and some of the officers. About eight o'clock that same evening they began to take the English prisoners from Germany (some 200) on board the *Mecklenburg*. They were brought on by

Dutch Red Cross nurses and orderlies, who were very good to them. Sixty-six of the patients were stretcher cases, and on the whole the men were more seriously ill than the Germans taken over. One of the first was a bad spinal case, who eagerly welcomed a cup of tea, and admitted when asked what else he would like that he would just love some sandwiches. It was 1 a.m. before all the patients had been settled, and supper got round. Two of the Sisters stayed on duty that night, and were needed, with the orderlies, to look after the patients. The orderlies, although not men of great experience, worked extremely well.

It was well that many of the patients had a good sleep that night, for the good weather of Tuesday did not extend to the return journey. Miss Chittock, who has crossed to the Continent many times, and has never been ill before, describes the weather as awful, and one of the Dutch stewards remarked that such a voyage was no good to anybody. No one wanted either food or drink. Everybody was ill.

Before leaving Flushing the Dutch people gave the Sisters generous and beautiful bundles for their patients, containing warm shirts, socks, mittens, mufflers, and overcoats, which were most welcome, for the men



MISS M. A. CHITTOCK.

were not at all warmly clad.

Right glad were our men to get a change of food, for they said they could not swallow the cabbage soup, chestnuts, and black bread which had principally formed their diet in Germany. At the same time they admitted that the French prisoners seemed to enjoy it, so that probably the food question is one, not only of quality, but of national taste.

The *Mecklenburg* left Flushing on the return journey at 8 a.m., and did not arrive at Folkestone till 8 p.m. There, owing to the weather conditions, the difficulty of landing the helpless patients was so great that finally the stretcher cases were taken over four at a time, with four orderlies in attendance, on cranes. It was most alarming, Miss Chitcock relates, to see these bad cases swinging in the air, but the landing of all was safely accomplished.

Amongst the patients were three men who were quite blind, but nevertheless they were extraordinarily happy. The fortitude of all the men was wonderful. They never complained on being moved, or gave any sign of pain. Many had lost a limb, some two legs, one both hands, but those who remained on deck were singing at the top of their voices.

Once landed, the patients, who included seven officers, were quickly conveyed to the hospital train in waiting, where there were splendid places for the stretcher cases, a theatre with every convenience, and every comfort for the men. Ladies, in mufti, apparently not the Red Cross, served hot Bovril, just what the exhausted men needed, tea, biscuits, and sandwiches, and dealt out cigarettes. So cheered and refreshed, the journey to London passed quickly for the men, and on their arrival at Victoria there were ambulances waiting to take those still needing hospital treatment to the Military Hospital at Millbank, while those who were well enough proceeded at once to their own homes, where we may be sure a warm welcome awaited them, not only from their relatives, but from their fellow-townsmen, none of whom can ever forget the gallant stand they made for the Empire in its hour of need.

Incidentally we may note how many opportunities of usefulness are open to nurses who are linguists which are closed to those who know no language but their mother tongue. This war has brought forcibly home to nurses the wisdom of adding a sound knowledge of at least one foreign language to their accomplishments.

The King and Queen, always solicitous for the welfare of the sick and wounded, visited the Queen Alexandra Military Hospital on the day after the arrival of the prisoners of war there, and remained in the hospital for two hours, speaking a kindly word to each, and listening with interest to the stories told by the men. Their Majesties' visit was greatly appreciated.

The Princess Mary has also visited the hospital, and presented gifts from Her Royal Highness's Christmas Fund to the officers and men.

NURSING AND THE WAR.

Queen Alexandra has addressed the following autograph letter to the Lady Superior of the hospital at Béthune, which is one of many under the guidance of the Franciscan Sisters:—

"Madame la Supérieure,—I have learned through Dr. Martin of your noble and heroic devotion to our brave and unfortunate wounded soldiers, and it is with a heart full of gratitude that I beg you to accept my warmest thanks.

"I pray that God may reward you for the angelic care which you have lavished on our poor soldiers, and I sha'l never forget that it is to you, Madam, and to your Sisters that they undoubtedly owe their life and the restoration of their health.

"I beg you, Madam, to accept the assurance of my highest esteem."

MENTIONED IN DESPATCHES.

We heartily congratulate the members of the Military Nursing Service, and of its Military and Civil Reserves, who have been honoured by being mentioned in despatches by Sir John French. None know better than nurses the depths of devotion of which members of their profession are capable, or the strenuous work which they constantly perform, so delfty and cheerfully that few people realize the strain involved. None therefore will be more appreciative of the honour conferred upon their colleagues than nurses themselves, for they know how thoroughly well such recognition is deserved, though the Sisters, we feel sure, will say they did no more than their duty.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE AND ITS MILITARY AND CIVIL RESERVES.

The names of the following Matrons and Sisters of Queen Alexandra's Imperial Military Nursing Service and its Military and Civil Reserves have been included in those brought to the notice of the Secretary of State for War in a dispatch by Sir John French, Field-Marshal Commanding-in-Chief of the British Forces in the Field, as recommended for gallant and distinguished service in the field. Matron M. M. Blakely and Sister M. Clements, Q.A.I.M.N.S.; Sister S. Coulters, Civil Hosp. Res. (Manchester R. Infirmary); Matron J. E. Dods, Q.A.I.M.N.S.; Sister F. E. Filkin, Q.A.I.M.N.S. Res.; Matron F. M. Hodgins, Q.A.I.M.N.S.; Sister V. N. Kiddle, Civil Hosp. Res. (Guy's Hosp.); Sister G. Knowles, Sister E. M. Lyde, Matron M. Mark, Sister E. J. Minns, Matron R. Osborne, Sister A. M. Phillips, Matron H. W. Reid, and Matron G. M. Richards, Q.A.I.M.N.S.; Matron A. B. Smith, R.R.C. Q.A.I.M.N.S.; Sister G. M. Smith, Q.A.I.M.N.S.; Matron L. E. C. Steen, Q.A.I.M.N.S.; Sister M. R. Stewart-Richardson, Q.A.I.M.N.S. Res.; Sister H. Stuart, Q.A.I.M.N.S.; Sister M. M. Tunley, Q.A.I.M.N.S.; Sister E. Tulley, Civil Hosp. Res. (R. Infirmary, Edinburgh); Sister A. L. Walker, Q.A.I.M.N.S.; Matron M. Wilson, R.R.C. Q.A.I.M.N.S.

The Brigade Hospital of the Order of St. John of Jerusalem in England is now almost fully organised, with Miss C. E. Todd as Matron and Miss M. A. Chittock as Assistant Matron. Both ladies were trained at Guy's. Miss A. E. MacMahon, who was Matron of the Queen's Canadian Military Hospital at Shorncliffe, is to be Sister of the Canadian Ward in the Brigade Hospital. The hospital will probably be arranged on the hut system, to contain about 550 beds, and is to be erected in France, south of Calais. There are to be a limited number of trained nurses and 20 Voluntary Aid workers, to act as probationers—work, of course, which numbers of qualified nurses would only be too happy to undertake on foreign active service.

But now that the War Office has decided to employ and pay members of Voluntary Aid Detachments in the regular military hospitals, as probationers, their status must be definitely defined, as they will be no longer voluntary workers, but included in the regular nursing ranks as public servants. These probationers are to be selected by Miss Swift, the age to be from 23 to 38, and only engaged on a month's trial, and if satisfactory, to be engaged for a year's service, or until the termination of the war. It is reported that the Matron-in-Chief of Queen Alexandra's Imperial Nursing Service is looking forward to the admission of these Voluntary Aid workers into the wards of military hospitals.

There is no doubt that our regular military hospitals during war time are much understaffed, but if the probationer system is to be permitted during war, some thought must be taken as to the economic effect on the Nursing Profession in time of peace, when these specialist probationers are no longer required in military hospitals. The solution of that question looms ahead as a very serious one for those nurses

who are conscientiously giving four years' arduous work to qualify themselves as trained nurses.

The hospital at Brockenhurst, Hants, for the sick and wounded of our Indian troops is now in full working order, and the Ladies' Committee of the Order of St. John of Jerusalem are naturally anxious to see the result of the splendid gift of £10,000 which the Order made towards its organisation through the Indian Soldiers' Fund. It has been arranged that members of the Committee desiring to inspect the hospital may do so on Saturday, 27th inst., when a special train will be at their disposal for the purpose. Miss McCall Anderson, formerly Matron of St. George's Hospital, is Matron at the Brockenhurst Hospital.



MENTIONED IN DESPATCHES:
SISTER E. TULLY,
ROYAL INFIRMARY, EDINBURGH.

Miss Bessie MacMurchy, of Toronto, was in London last week on her way to Paris to join the nursing staff of the American Ambulance to which she has been appointed. Miss MacMurchy is a fully-qualified nurse, a graduate of the New York Hospital, where so many Canadians have been trained. She is a sister of Dr. He'en MacMurchy, who is Inspector of the Feeble-minded for the Province of Ontario, and Assistant Inspector of Charities and Hospitals.



MENTIONED IN DESPATCHES:
SISTER V. M. KIDDLE, GUY'S HOSPITAL.

Miss Edith Gregory, formerly Matron of the London Fever Hospital, to whose work we recently alluded in this JOURNAL, writes from Dunkirk that by invitation of the President of the Société de Secours aux Blessés Militaires, one of the constituent societies of the French Red Cross, she is working with one of its units, consisting of twenty-two members, in the Hôpital de la Caserne Jean Bart. They are doing their best

to tackle some very rough work quite simply and to grapple with over 1,000 enteric cases. Of course, they are not nearly enough, and what

is most sad is that there are no night nurses, and the patients have to be left to the French military orderlies, few of whom have any pretensions as to training. The work is very difficult also because the Caserne is so unsuited for hospital purposes, but the *Médecin-en-Chef* is a wonderful organiser, and in a short time has made many improvements.

Bedding is sadly needed; also pillows, pillow-cases, towels, and draw-sheets. In addition to enteric Miss Gregory is nursing diphtheria.

Writing from Dunkirk a Sister says:—"There are many women out here dressed in khaki and spats, attached to hospitals who appear to be having a thoroughly amusing time. It makes one very indignant, knowing as I do, how many people at home have denied themselves to help these hospitals. Our place is in better order than it was, but by no means surgically clean as it ought to be."

Miss Helen Douglas Irvine has sent from Serbia a very interesting account of the experiences of the Scottish Hospital Unit sent out by the National Union of Women's Suffrage Societies, 14, Great Smith Street, Westminster, S.W., and now stationed at Kraguyevatz. The hospital, which is located in a building formerly a school, now contains nine wards and a theatre and dressing room. The unit went out prepared to organize a hospital of 100 beds but the need is so urgent that 150 beds were at once prepared. The Serbian Red Cross supplying the 50 extra beds, while Austrian prisoners act as orderlies

doing the unskilled part of the work. Now the hospital can take 250 patients.

The foremost need of the country is for physicians and trained nurses to deal with the severe outbreaks of fever which have occurred.

The unit have received much assistance from Miss Annie Christitch, a distinguished Serbian feminist and journalist. But all combine in thinking the Serbs as sympathetic and charming

as they are heroic. The Red Cross of the country not only lodges and feeds the patients, but provides a hostel for the staff with an ample housekeeping allowance.

There is urgent necessity for additional supplies from home and for a further contingent of first-rate nurses.

Miss Violetta Thurstan has received the ribbon and medal of St. George, in recognition of her services to the Russian wounded. Having recovered from her wound, she is again attached to the Flying Column. She writes:—

"There has been a tremendous battle and they are tremendously busy. We have been so slack lately; of course, there can't be battles every day! The base hospitals are very nice and picturesque; very good work is done there. But here we are at the bed-rock of things, and it is not pretty. I am so glad to be back; the soldiers are so wonderfully



MISS VIOLETTA THURSTAN,
MEDAL OF ST. GEORGE.

patient and uncomplaining."

The latest news of Miss Thurstan, received at St. John's Gate, is that she is returning home shortly.

FRENCH FLAG NURSING CORPS.

Whilst certain members of the Corps have never been satisfied that the work they were deputed to do in any way fulfilled their longing to be of the utmost service to the sick and wounded, or expended half their energy, others from the first have been very fully occupied. Sister Annie Hawkins, Supervisor of Unit III, who since she arrived in France has been working at Evreux, writes: "We have been kept so busy we have not been able to take any regular

time off duty during the day. Of the sixteen who were at Evreux we are the only four who remain. At St. Francois we have the leading surgeon of the place, and he operates at other hospitals in the town, and at Louvins. I assist at all the operations here, and often at those outside. Miss Wilcox and I take the surgical side of the hospital, which has about 80 beds, always well filled; Miss Bale and Miss Case are on the medical side, there they have a special ward for enterics, the only one in the town of Evreux. When it was suggested we should be moved to the war zone a little time ago the authorities were very much against our leaving, and we could not have better work at

present. We have not had any patients in so terribly wounded since the Battle of the Marne; we still have some of them left. . . . One poor fellow lay on the ground for five days and four nights, with nothing to eat or drink, with a shattered thigh. During that time he got slightly hit in the head by a German bullet. He was picked up by a French regiment, and had two days in the train coming here. Poor Francois, he is still on his back, with operations to come, but quite cheerful and patient. Frozen feet is what we have been having in lately. One poor fellow

will lose all his toes, but I think we shall save his feet. I should be very glad of things for the patients. Parcels so far have come very well. Friends have been very good in sending the things, but so many patients pass through our hands, and they are so pleased with things which come from England. Major Leo, our surgeon, is always pleased to have chloroform. . . . There is a fine chapel attached, and before the War our hospital was a college of the Order of St. Francois, and many of the priests are still here."

The great hospital in the Petit Lycée de Talence, Bordeaux, is now getting into full swing, although

more nurses are required, and are being selected to send out. It is by no means merely a temporary military hospital for the wounded, but a general and special hospital, with a staff of eminent and thoroughly up-to-date surgeons attached, from Bordeaux and Paris, amongst them the great throat specialist, Dr. Moure, who operates on the throat of the King of Spain. There are now medical and surgical wards for throat and nose cases, plastic operations, and skin cases. There are two beautiful theatres, small and large, and we hear the Sisters have done wonders in this department. Sister Rawlins is Head Theatre Sister, Sister Nairn has charge of the instruments, Sister Watson of the sterilising, and Sister Drennan of the second theatre when both are required at the same time, as often happens. The wards are also being improved and got into working order. Miss Haswell reports that the surgeons expect every one up-to-date, and nurses who speak French naturally take the lead.

It has been arranged for Miss C. Jex-Blake, trained at St. Thomas' Hospital, Mrs. Holgate, cert. Middlesex Hospital, and Miss Barker, cert. London Hospital, to leave London for Bordeaux on Thursday in this week.



MISS B. T. CASE AND MISS A. L. WILCOX, F.F.N.C., AT EVREUX.

THE CARE OF THE WOUNDED.

By the kindness of the Editor of the *Lady Pictorial* we are able to publish the accompanying picture of Signora Garibaldi, wife of General Ricciotti Garibaldi, who recently visited this country. Their six sons were all soldiers, and recently two were killed while fighting on the side of the Allies. It is not Signora Garibaldi's first experience as a Red Cross worker. We well remember her in Athens in 1897 during the Graeco-Turkish War, when she and her husband visited the Italian Legion wounded of the Cipriani Legion under our care at the Hospital Milotoupolo at the Piræus, one of their gallant sons commanded this fiery Legion, a charming English-looking boy in those days.

The fund for the Sick and Wounded administered by the Joint War Committee of the Order of St. John and the British Red Cross Committee exceeded £1,000,000 on Saturday last. The generosity of the public knows no bounds.

The outbreak of cerebral meningitis amongst the Canadian troops when on Salisbury Plain with resulting high mortality, is to be deeply deplored. Last week there were 184 men on the sick list amongst the naval men at the Crystal Palace. Amongst them there had been fifteen cases of cerebral meningitis; eight cases had proved fatal. The total number of casualties from frost bite at the front to January 24th last is reported to be 9,175.

A completely equipped and self-contained hospital, which can be readily taken to pieces, transported from place to place as required, and put together again in perfect going order like a clock—that is what the Liverpool Merchants Mobile Hospital will be when it is a finished work. At present it is still in process of formation, but the work is being pushed on steadily, and

before very long it will be established at the base of operations "somewhere in France," ready to receive the wounded soldiers of the Allies, whether British, French, or Belgian. Never before has a portable hospital of such magnitude and completeness been sent into the field of war.

The War Office have announced their intention of taking possession of Rubery and Hollynecor Asylums from the Birmingham Corporation for the

purpose of providing additional hospital accommodation for wounded soldiers. The committees of the General and the Queen's Hospitals are so placing beds at the disposal of the authorities, and the strain on the 1st Southern General Hospital (T.F.) at Edgbaston is to be lessened by the opening of an Out-patient Department at the Children's Hospital in Steeplehouse Lane, every morning, leaving the building free for its usual work in the afternoons.

The arrival of the hospital ship *Carisbrooke Castle* in Dublin Bay last week with 16 officers and nearly 500 men from the front, 60 of whom are seriously wounded, has made demands upon most of the Dublin hospitals. One hundred of the patients were sent to the Red Cross Hospital at Dublin Castle, and by means of motor ambulances and cars, others were quickly conveyed to Sir Patrick Dun's, St. Vincent's, the Richmond, the Royal City of Dublin, Jervis Street, the Mater

Misericordiae, Steevens', Mercers' the Adelaide, the Meath, the National Children's, Harcourt Street, and St. John's Auxiliary Hospital, 19, Mountjoy Square. About 100 of the men were taken to Belfast by ambulance train early next day.

The New South Wales Government has contributed £1,000 to the fund for the relief of distress in Serbia.



SIGNORA GARIBALDI.

The King and Queen, on Tuesday last, visited the sick and wounded patients at Charing Cross Hospital. They were received by the Chairman, Mr. Geo. Ge. Verity, the Matron, Miss M. Heather-Bigg, the Secretary, and others. Their Majesties gave permission for the wards paced at the disposal of the War Office to be named the King George V and Queen Mary Wards.

The Prince of Wales on Monday last visited Béhusy St. Pierre, in the district of Senlis, to thank the inhabitants for their care of the British wounded. His Royal Highness conferred the insignia of the Order of St. John of Jerusalem on the Abbé Bezant, Dr. Lajeunouze, and Sister Benoit, and Mlle Juliette Caron of the local nursing organisation.

JOINT WAR COMMITTEE.

The following nurses have been deputed to service in home hospitals:—

HOME HOSPITALS.

- Kingsclere House, Newbury.*—Miss East.
Winney House Hospital, Lowfell, Gateshead.—Miss M. H. Burke.
T.A.D. Hospital, Tisbury, Wilts.—Miss S. Clapp.
Pinner Place, Pinner.—Miss E. Haigh.
Lady Hardinge Hospital, Brockenhurst.—Miss E. Johnston, Miss Bridges, Miss Middleton.
University Hospital, Highfield, Southampton.—Miss W. T. Fairbairn, Miss M. M. Mansfield, Miss C. C. Arreshaw.
Red Cross Hospital, Chigwell, Essex.—Miss A. M. Shaw.
Daneshill Military Hospital, Basingstoke.—Mrs. M. Crookshank.
Auxiliary Military Hospital, Elmsfield, Accrington.—Miss M. E. Thirlwall.
Colne Priory, Earl's Colne, Essex.—Miss J. M. de Buy.
Tydney Hall Military Hospital, Winchfield.—Miss E. M. Gilmour.
Little Charlton Manor, East Sutton, Maidstone.—Miss F. Attwood.
Almwick Red Cross Hospital.—Miss A. Spence.

KING GEORGE HOSPITAL, S.E.

The following ladies have been appointed Principal Sisters, in addition to Miss Reeves, whose appointment we reported last week:—

Miss Isabel Kemp.—Trained at the Northampton General Hospital; she has been Matron of the Southwark Infirmary, and of the Birmingham Homoeopathic Hospital.

Miss Stoddart.—Trained at Guy's Hospital; Matron of the Hertford County Hospital.

ABROAD.

Friends' Entic Hospital, Dunkirk.—The following nurses left London on Friday Feb. 19th:—Mrs. Brown; Misses B. M. Ashley, C. E. Grice, I. Henderson, H. M. Hicks, C. Low, E. D. Mackworth, K. L. Ray, E. Robinson.

Hospital for Officers, Cannes.—Miss C. Croucher (masseuse), Miss M. Molloy.

THE WOBURN ABBEY BASE HOSPITAL.

We had the pleasure quite recently of inspecting the base military hospital designed and organized by the Duchess of Bedford, contained in her Cottage Hospital at Woburn, and in the Abbey Hospital at Woburn Abbey; and a short report of the very efficient work evidently being done there for the sick and wounded, will, we feel sure, prove of interest to patriotic nurses.

The imaginative newspaper man is constantly reminding us that we were "astounded and shocked" by the declaration of war, although he usually owns up that we regained our mental equilibrium with remarkable celerity. Of shocks and amazement we know nothing; what the majority of women at once realised at that fateful crisis was, that if the jewels of Empire were to still star the Imperial Crown, we had got to become a military nation for some time to come, and from north, south, east, and west, from wherever the Sons of Empire foregathered to serve their Motherland, there opened out stupendous sacrificial duties for the women of our race. From the first hour of the war, women in every corner of the globe realised instinctively that Duty was the first and only law; and faithfully and gloriously they have obeyed the law. We were reminded of this truth on our arrival at Woburn Abbey when after greeting the Duchess said:—"As soon as war was proclaimed I wondered what help I could render: I offered my yacht as a patrol boat and all the crew volunteered; as I go yearly to Fair Island away between Orkney and Shetland, we know the Northern coasts and waters very well. My offer was refused, I suppose because I am a woman!"

So failing this heroic service which she is so well fitted to render, the Duchess, so well known for her intelligent interest in nursing, turned her attention to the care of the wounded. We say intelligent, because but the exchange of a few expressions of opinion on nursing, convinces one that this lady has the professional instinct; firstly she realises that even with vocation, it demands an extended novitiate, she appreciates nursing, not only as humanitarian work, but as highly-skilled scientific service, based as is medicine in all its degrees on sound sanitary science. We learned this much in her greeting: "One cannot touch hospital work without at once grasping the importance of trained nursing," she said, "how all essential it is. I have no volunteer nurses in the Abbey Hospital."

Then we went to see the hospital which, it is not too much to say, is a marvel of ingenious adaptation. Woburn Abbey to all appearance is an abbey no longer—the demesne bestowed for services rendered in France, to an ancestor of the Duke, by Henry the VIII, is still of exquisite sylvan beauty, but the house is Georgian, and of the same period is the fine building of some 300 feet in length, and of great height—in which the

Riding School and Tennis Court were placed, and it was on this fine building that the Duchess cast a longing eye, when she thought of the aftermath of battle, and the urgent need for care and comfort in base hospitals to be prepared for the sick and wounded.

To the average woman the difficulty of rendering this splendid shell (when tan and cobwebs were removed), sanitary, hygienic, habitable, comfortable, and beautiful, and fit for the care and recovery of sick men, would have appeared insurmountable, but provided with a sheet of paper and a pencil, the Duchess of Bedford (to judge from the result) found no difficulty in evolving from her builder's brain, a scheme for hospital and annexes, which now that it is fitted and furnished deserves the very highest praise.

On entering we stepped into the central passage, which divides the building in half, at the far end of which steps lead into a beautiful garden. Everything struck one as being bright, light, white and clean; to the left a corridor led direct to the patients' Reception Room, in which are latticed cupboards for their clothes, and from which they can pass into a warm and commodious apartment fitted with six baths—with boiler room and drying room near by. A shelf runs the whole length of the bath room, and here are to be found marked bags into which soiled clothes can at once be placed and quickly removed for disinfection. On returning along this corridor, to the left is a fine Recreation Room, where games, papers, writing tables and a piano are provided to while away the time, on the right, boot room, lavatories and bed-pan sink; and opening into the main passage the anaesthetising room and the beautiful operating room. All have been built for the purpose. All these departments are washable, and have been fitted with the best and most modern appliances, and the operating room leaves nothing to be desired. It has ample day light, and is fitted with electric light, the floor is of pure white marble, and the fittings by Down, and the Hospitals and General Contracts Co. So much for the re-modelling of the Tennis Court.

Once again in the central passage one turned to the right to find the Riding School transformed into the hospital proper. It contains two wards—one small, for six beds; and one a beautiful and spacious ward for 30 beds—both are furnished alike: highly polished red-wood floors, spring mattresses beds, with spotless sheets, and blue and white coverlets; high bed tables with bright red and white covers, sufficiently wide to span the bedsteads, and thus provide room for serving food in comfort, and for books, games, letters and what not; sanitary glass lockers beside each bed, plenty of comfortable chairs and cushions, and tables set out with a profusion of lovely flowers. We noted a scheme in cyclamen on one, and of magnificent hyacinths on another, and at the far end of the ward a golden blaze of daffodils. Through ventilation has been provided by opening the original windows—placed high in the

walls—and by inserting a lower line of windows the whole length of both sides of the wards, through which lovely sunshine, and delightful air came streaming into this beautiful and homelike place, the day we paid our visit. Nor was it surprising to hear how greatly the patients appreciate all the care and comfort lavished upon them. Every convenience is provided to enable the nursing staff to perform their duties efficiently. In an ante-room near the wards, they have tables and ample space for their work; here in cunning annexes, are arranged the medical stores, linen room, surgical store room, bath rooms, basins, and lavatory for bed patients only—everything at hand and perfectly organised. To their own personal comfort the kindest consideration has been given—the sitting room, looking on the garden, is as beautiful as comfortable—all comfy chairs, rosy chintzes, and lovely flowers; across the passage they have a neat little kitchen, and passing through the Hall, and upstairs are situated airy, freshly furnished bedrooms—providing that privacy and peace, so necessary for the recuperation of energy for those attending the sick, who absorb from the true nurse so much of her strength and vitality. It was not therefore surprising to find the Sister-in-Charge, Miss Evelyn E. Livesey, pleased with and proud of her delightful surroundings, and to note the happy alertness which, apparently, inspires the nursing staff.

Outside this wonderful hospital, transformed truly by a Master Builder, situated close by, is the Steward's annexe containing three separate departments: the dry goods store, the game larder, with bins of fresh vegetables, and the meat larder, all, of course, well aired and lighted; and last, but not least, a newly erected kitchen, in the charge of a *chef* and his son, where dainty rolls and a variety of kickshaws fresh from the oven were displayed, and from whence is served an abundance of nourishing food—the very finest and most efficacious medicine in the world for building up the health and strength of wounded men.

At the Abbey Hospital nothing that generous thought can provide has been spared. It ranks as a Base Hospital, and the patients are drafted there straight from the front. A medical officer is in residence, assisted by a highly trained nursing staff, and we have no doubt that the men treated there with so much skill would rejoice, if they knew it, that a paternal Government did not see its way to permit the organizer of their comfort and well-being to serve her country on the high seas.

Associated with the Abbey Hospital is the Cottage Hospital designed and built by the Duchess of Bedford some eleven years ago. It is a model of its kind, to which we hope to refer in a future issue. It is a relief in these days to find our work, which needs years of untiring study and application, recognized at its true value.

E. G. F.

APPOINTMENTS.

MATRONS.

General Hospital, Hertford.—Miss Mary I. Stones has been appointed Matron for the duration of the war. She was trained at Guy's Hospital and has been Sister at Lambeth Infirmary, Sister at the Hertford Hospital, and Home Sister at the South Western Hospital, Stockwell, since October, 1914. She is a certified midwife and has had experience of private nursing.

Winsley Sanatorium, near Bath.—Miss A. R. Knowles has been appointed Matron. She was trained at the Northampton General Hospital, and has been Outpatient Sister at the Children's Hospital, Sydenham, Night Sister at the Alexandra Hospital, Queen's Square, W.C., Ward Sister at the Southwark Infirmary, S.E., and at the Royal Chest Hospital, City Road, E.C., Assistant Matron at the Leith General Hospital, and Matron of the Ochill Hills Sanatorium.

CHARGE NURSE.

Ashbourne Union.—Miss Alice Grindon has been appointed Charge Nurse. She was trained at the Leek Union Infirmary.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The following promotions have been made: Senior Nursing Sister to be Lady Superintendent: Miss I. M. A. Lloyd (December 13th); Nursing Sister to be Senior Nursing Sister: Miss C. S. McGowan (December 13th).

Miss Nina Lewis has been appointed a Nursing Sister in the above Service.

The following Nursing Sister has been permitted to resign the Service: Miss N. V. C. A. Angell (December 15th).

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Norah Farrant is appointed to Sussex C.N.A. as Superintendent. Miss Farrant received General Training at the London Hospital, Midwifery Training at the Brighton and Hove Hospital for Women, and District Training at Brighton. She has since held the following appointments: Senior Nurse, Chatham, and Assistant Superintendent, Sussex C.N.A.

Miss Florence Worthington is appointed to Cumberland C.N.A. as Assistant Superintendent and Tuberculosis Nurse. Miss Worthington received General Training at Salisbury Infirmary, Midwifery Training at Gloucester, and District Training at Cardiff. She has since held several appointments under the Institute, including that of Senior Nurse, Carlisle.

Miss Kate Heastie is appointed to Liverpool (Derby Lane) as School Nurse; Miss Emily Hicks, to Wetherby; Miss C'ara Ho'land, to Beccles, as Senior Nurse; Miss Gertrude Mitchell, to Caversham; Miss Elsie Noë, to Carlisle, as Senior Nurse; Miss Lillie Steele, to Central St. Pancras, as Nurse for Minor Ailment Centre.

NURSING ECHOES.

The great Panama Pacific Exposition at San Francisco, to which nurses in so many countries of the world have looked forward with the keenest anticipation for the last three years, is now open, the signal having been flashed across the Continent by President Wilson. The Exposition seems likely to justify all that has been hoped for by its promoters as to excellence. It is beautifully located, and the colour scheme beyond anything yet seen on the American Continent. Alas! the war, which has affected nurses so closely, has barred the way to most of those who had hoped to be present from abroad, and the meeting of the International Council of Nurses will be reduced to one business session. The meeting of the American Nurses' Association will, however, be held in San Francisco from June 20th to June 26th. Members of the National Council of Trained Nurses in this country can obtain all information as to the "Official Nurses' Train" from Miss L. L. Dock, Hon. Secretary International Council of Nurses, 265, Henry Street, New York, U.S.A. The American nurses are prepared to give the kindest welcome to their colleagues from abroad.

By the kindness of the Editor of the *Red Cross* we reproduce on page 174 the Florence Nightingale Statue in Waterloo Place from a photograph given to that journal by the sculptor, Mr. A. E. Walker. The statue was unveiled, without any ceremony, on Wednesday morning at 6 a.m. There was a certain appropriateness in the coincidence that snow lay on the ground, and on the helmets of the group of Guards forming the Crimean Memorial in the background.

The council of the Queen Victoria's Jubilee Institute for Nurses met at their offices, 58, Victoria Street, S.W., last week, with Mr. George Franklin in the chair. Those present included Sir William Cameron Gull, Bart., Sir Dyce Duckworth, Bart., Sir Archibald Williamson, Bart., M.P., Sir James Patten MacDougall, Lady Mary Howard, the Countess of March, the Countess St. Aldwyn, Lady Susan Gilmour, and Lady Blythwood. Viscount Goschen and Captain Harold Boulton were unanimously elected chairman and vice-chairman of the council, and it was reported that fifty-four nursing associations had been affiliated during the year 1914, and two county nursing associations, raising the total to 1,036. Over 300 Queen's nurses have been called up for duty in connection with the sick and wounded.

There was a large attendance of friends and supporters at the annual meeting of the St. Patrick's Nursing Home, St. Stephen's Green, Dublin, in connection with the Queen Victoria Jubilee Nurses' Institute last week, the Archbishop of Dublin presiding.

The Archbishop said the work was a good and necessary one, and being splendidly carried on, and was doing untold good amongst the poor of the city. In addition, the Home was doing good work by the training of Queen's nurses for work in the poorer districts in the country, where, say, in the poorer districts of the West of Ireland and the adjoining islands, the nurses were even more required than they were in the city of Dublin. The financial position of the Home was causing serious and anxious consideration to the Executive Committee. There were fewer probationers coming forward, and they were not getting as many Queen's nurses to train as formerly, and all this meant a serious strain on their resources.

A resolution urging the special claims of the Home to support was moved by Canon Gregg, and seconded by Miss Michie, General Superintendent of the Queen's Jubilee Nurses in Ireland, who paid a tribute to the nurses. It would, she said, be a very great misfortune for the poor of the city if this Home were allowed to fall through. Its work was not merely nursing, but educational.

The Annual Conference of delegates representing 74 districts affiliated to the Northumberland County Nursing Association, of which

Lady Victoria Percy is President, met, by her kind invitation, at Alnwick Castle last week.

The Annual Report recorded growth and development of the work. Nineteen nurses had been sent for training during the year, at a cost of over £640. The County Council had defrayed the cost of seven nurses (£252), the King Edward Committee of three, and the

County Nursing Association the remainder.

We may point out that the cost of this training works out at £36 per nurse, that a sound midwifery training can be obtained for half of this sum, and that, as a woman need be at no expense, but receives a small salary if she enters a hospital for the prescribed course of general training, there seems to be no reason to expend public funds on an inadequate training in nursing.

Miss E. Glover, for many years Matron of St. Ives private hospital in Melbourne, has accepted the position of Hon. Director of the Victorian Trained Nurses' Club in that city. Associated with her as manager will be Miss Margaret Vincent Thomas, who is a highly trained nurse, and also holds the diploma for cooking from the Melbourne Educational Department. Miss Glover's appointment will be very popular amongst members of the Royal Victorian Trained Nurses' Association, of which she is an energetic and much-respected member. She received her training in this country, and is consequently well known to many nurses in this country, as well as in the Commonwealth of Australia.



STATUE OF MISS NIGHTINGALE.
WATERLOO PLACE.

THE IRISH NURSES' ASSOCIATION.

The lecture on "Anæsthetics," given by Dr. Pugin Meldon to the members of the Irish Nurses' Association on Tuesday, the 16th inst., at 34, St. Stephen's Green, Dublin, proved an exceedingly interesting one. The lecturer discussed his subject under the following heads:—

1. The first discoveries of anæsthetics and the progress science has made since then up to the present time.

2. A chart illustrating the effects of various anæsthetics while patients are being put under their influence.

3. What symptoms to look for, and what a nurse should do for a patient before and after an anæsthetic is given.

At the close of the lecture, Miss Michie proposed a hearty vote of thanks to Dr. Meldon, which was seconded by Miss Roberts, and carried unanimously.

The Annual General Meeting will be held on March 17th at 34, St. Stephen's Green. After the business meeting a social gathering has been arranged, on the same lines as last year.

"A Character Advertisement Competition" is the attraction for the nurses, and prizes will be given for the three costumes which are voted the best. The cost of the costume must not exceed 2s. 6d. Miss Huxley, Miss Ramsden, and Miss Reed have very kindly offered to give the prizes.

LONG SERVICE MEDALS.

At the recent annual meeting of the Walsall Victoria Nursing Institution, held at the Council House, the Mayor presented the following members of the nursing staff with long service medals: Silver medal with one bar to Miss Holloway (ady superintendent), for thirteen years' service; silver medal to Mrs. S. F. Bird (formerly Nurse Sheddin), twelve years; Nurse Evans, ten years; Nurse Nichols, twelve years' service; bronze medals to Nurses Poole (eight years), Forshaw (eight years), Widdowson (seven years), and Sadler (seven years).

THE PASSING BELL.

We greatly regret to record the death on February 14th, at Kraguyevatz, Serbia, of Miss Elizabeth Ness Ross, M.B., Ch.B., while on military medical duty, from typhus fever.

Miss Ross, who is the daughter of Mrs. Ross, of Craigdanod, Tain, studied medicine in Glasgow, Berlin and Dublin, and was a Fellow of the Society of Tropical Medicine. She will be remembered with the same honour as the soldier who falls at the post of duty.

THE PASSING OF A PIONEER.

The news of the death of Miss Katherine Henrietta Monk, late Sister-Matron at King's College Hospital, will be received with the deepest regret throughout the nursing world, for Miss Monk's splendid work is known and appreciated far beyond the immediate circle of King's College Hospital, the training school of which primarily benefited by her fine system of training nurses and her great personality.

Miss Monk was trained at St. Bartholomew's Hospital, London, and was one of the most distinguished pupils of its nursing school. A most able organiser and a strict disciplinarian, her system undoubtedly resulted in adding to the ranks of our profession some of the most capable women who adorn it.

In the Registration controversy Miss Monk, when in office, was amongst those who opposed the regulation of nursing education by the State, but she was always recognised by the Matrons on the Royal British Nurses' Association, who stood firm for the principle, as a most honourable opponent.

Since her retirement from active administration when she came into personal touch with the results of disorganisation, she became more and more convinced of the necessity for legal control. Miss Monk died at Southampton, and her funeral from St. Paul's Church on Wednesday was attended by a large number of those who knew and loved her. A memorial service was also held in the Chapel of King's College Hospital, Denmark Hill.

AN APPRECIATION BY A FORMER PUPIL.

To all nurses who were trained at King's College Hospital under Miss Monk, the news of her death will come as a very real sorrow. Sister Katherine (as we called her) was a born organiser and a splendid Matron. Nothing escaped her notice in her daily round in the Wards. I can well remember as a probationer how anxiously one awaited her criticism of any special work that happened to be going on when she was in the wards. Any praise from her was much appreciated and a rebuke was not lightly forgotten. She was intensely courteous to all with whom she came in contact, and this quality—so little practised in the present day—is one she strongly inculcated in all working under her. Particularly were we told always to give a kindly welcome to all new patients, however busy we might be.

Miss Monk never quite recovered the shock of the sudden death of her beloved friend and assistant, Sister Sibbald. She left King's some years ago on account of ill-health, and died at Southampton, after a trying illness, on Saturday last, February 20th. Hundreds of nurses will mourn the loss of their old Sister-Matron, but will be thankful that it was their privilege to be trained under one of the best Matrons any London hospital ever knew, though there may have been some at the time who thought the discipline irksome or too severe. All will now admit how valuable her methods were.

OUTSIDE THE GATES.

WOMEN.

Mrs. Bedford Fenwick has been re-elected Chairman of the Executive Committee of the Lyceum Club, 128, Piccadilly, W. Mrs. York Trotter and Mrs. Philp have been re-elected Vice-Chair and Deputy Vice-Chair respectively. Several new members have been elected on to the Committee, which is wise, as new ideas and points of view are thus available.

No more effective plea could have been advanced in support of the project to extend the London (Royal Free Hospital) School of Medicine for Women, for which purpose the Duchess of Marlborough presided at a meeting at Sunderland House on February 18th, than the statement made by Sir Alfred Keogh, Acting Director General of the Army Medical Service, that the work of women doctors at the front was beyond all praise, and he had asked two of the staff from Paris and Boulogne to return home and take charge of a hospital of 500 or, if they pleased, 1,000 beds. Medical women are greatly to be congratulated on having used the opportunity afforded them by the French Government so brilliantly that they have impressed upon our own War Office the expediency of securing their services in a position hitherto jealously guarded as a male prerogative. Dr. Louisa Garrett Anderson will have charge of the hospital.

The Women's Total Abstinence League, 4, Ludgate Hill, E.C., referring to the suggestion made by Lord Kitchener that Committees should be formed with the object of spreading information as to alcoholic drink, states that it has an organisation well qualified to do this work, and a staff of organisers ready to conduct missions, and give lectures in any part of the country. Through its Nurses' and Deaconesses Leagues it is in touch with women whose influence is great. Clubs for women have been arranged, refreshment and recreation have been provided for soldiers and efforts to obtain the earlier closing of public houses have been successfully made.

The women of Holland have undertaken to organise an International Women's Congress, to be held, probably at the Hague, in the latter half of April, as it is felt that women should face the responsibility of making some constructive contribution towards the solution of the problems arising out of the present War, and the peace settlement which is to follow. An informal Conference was held in Amsterdam last week, and some of its members are convening a public meeting to be held at the Caxton Hall on Friday, February 26th, at 7 p.m., at which all women interested in the subject are invited to be present.

BOOK OF THE WEEK.

"SINISTER STREET,"

(The Second Volume.)

In order to understand rightly the inwardness of this second volume of Mr. Mackenzie's remarkable story it is necessary to have read the first. Our readers will remember that it gained notoriety. We would emphatically state that this is not a book for the young person, but at the same time it should be read with interest and even profit by those of mature mind. Of its fascination there can be no two opinions.

Part One is wholly delightful; it deals with Michael Fane's undergraduate life at Oxford, written—without a shadow of doubt—by one who knows that life intimately from within. We can imagine that old Oxonians will read this portion of the book with many a sigh and smile, and many a regret for the old careless irresponsible days of undergraduate life.

Michael and Alan go up for their first term together, though not to the same college.

Michael's first day, its etiquette and uncertainties are described in detail.

"Michael made up his mind to obtain his cap and gown after lunch. Lunch! How should he obtain lunch? When and where should he obtain lunch? Obviously, there must be some precise manner of obtaining lunch, some ritual consecrated by generations of St. Mary's men."

Presently the scout comes to the rescue. "Will you take commons; sir?"

Michael looked perplexed.

"Commons is bread and cheese; most of my gentlemen take commons."

Next he visits Alan.

"Hullo!" he cried. "I say, why do they stick Mr. in front of your name over the door. At St. Mary's we drop the Mr. Look here, I want you to come out with me at once to get some picture wire and a gown, and a picture of Mona Lisa."

"Mona how much?" said Alan.

"La Gioconda, you ass."

It is impossible in this short notice to even touch on Michael's university career, abounding as it does in brilliant sallies, intellectual difficulties and the underlying deeper wistfulness, which is at times so exquisitely expressed.

The last evening of the last term conveys its subtle sadness to the reader.

"At a few minutes to midnight, 'Auld Lang Syne' ought not to be difficult. It had been sung nearly as often as the comic song, but it was shouted more fervently somehow, less in tune somehow, and the silence at its close was very acute."

The second portion of the book deals with the underworld. The lives of that sad company are boldly discussed.

* By Compton Mackenzie. London: Martin Secker.

Michael conceives the quixotic notion that he ought to marry the Lily of his youthful friendship, though he learns that she has "gone under." It is for the purpose of finding her that he takes rooms in Neptune Crescent.

"He would bring Lily back from evil. It was imperative to meet Lily again. They had met first of all as boy and girl as equals. Now, he must not come too obviously from the world she had left behind her. His instinct first to sever himself from his own world must have been infallible. And how well secluded was this room. If he met Lonsdale or Maurice or Wedderburn, it would be most fantastically amusing to avoid them at the evening's end, to retreat from their company into Camden Town, into Neptune Crescent, unimaginable to them." Of his finding of Lily, and his effort for her salvation, and his complete failure and disillusionment, we have not space to write.

The book is powerful, brilliant and fascinating. It will, no doubt, shock the susceptibilities of many; such we would warn to leave it alone. But by the understanding it will be read with deep sadness, and with deep regret that for the wreckage of human life there are so few that care enough to stretch out a helping hand. Perhaps one of the saddest points brought out is the deep distrust of these unfortunates and the almost unconquerable suspicion of human nature.

H. H.

FLOWERS AND BIRDS.

Are flowers the very thoughts of God
Made visible to bless?

It so it be, O happy ye
Who such a faith confess,

As led by April blossom-crowned
Ye roam by vale or hill,

With every here a cowslip crowned,
And there a daffodil!

Are the birds' songs but jets of joy
From the eternal Bliss?

If it be true, O happy few
With such a faith as this,

As thrilled by many a feathered throat
Ye roam o'er hills and vales,

With every now the cuckoo's note,
And then the nightingale's!

—Words by *the Wayside*,
JAMES RHODES.

COMING EVENTS.

February 26th.—Meeting in support of International Women's Congress to be held in Holland, in April, to discuss problems arising out of the War. Caxton Hall, S.W. 7 p.m.

March 6th.—National Council of Trained Nurses' Meeting, 431, Oxford Street, London, W. 4 p.m.

April 13th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Lecture on "Burns and Frost-bite." Dr. Mabel Crawford. 7.30 p.m.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

THE MATERNAL INSTINCT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—I feel impelled to write to thank you, as a reader of THE BRITISH JOURNAL OF NURSING, for the article in this week's issue, "The Maternal Instinct." Much has been said and written (mainly, I think, by men), on the painful subject treated therein; but, so far as I have seen, your journal only has given the truly womanly and pure-minded aspect. I wish the article might be read by a larger public than takes in a nursing journal. With warmest thanks,

I remain,

Yours sincerely,

ETHEL C. TAWNEY.

Chenies St. Chambers,
Bloomsbury, W.C.

"HE ALWAYS WAS INACCURATE."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—If the words attributed to me that the "Lady Mayoress was the wickedest woman in London for starting the Territorial Nursing Service"—which, by the bye, no Lady Mayoress did—were said in mere chaff, they ought not to have been repeated in earnest six years later. I am glad to learn where this ill-natured bit of gossip originated. But Miss Brey's memory plays her false. In 1909 when, Miss Brey writes, the Lady Mayoress told her this, Sir J. Stuart Knill was Lord Mayor. I have not the honour of Lady Knill's acquaintance, and never spoke to her in my life. Anyhow, I was not alone in opposing the present method of recruiting the Force. Miss Isla Stewart, with many other Matrons, was equally opposed to it. Seeing that our argument did not prevail, she went in heart and soul to help it, and I refrained from troubling. I was never asked to do anything else. But the method which we both thought right, though opposed by the War Office at first, had subsequently to be adopted for recruiting the Army Nurses, and was at once adopted by the Admiralty; and its success has justified our action.

Yours faithfully,

KNUTSFORD.

[In the historic passage at arms between the Hon. Albinia Brodrick and Lord Knutsford (then the Hon. Sydney Holland) at the meeting of the International Nurses Congress in 1909, Miss Brodrick, speaking with the knowledge of an acquaintance of many years' standing, said, "He always was inaccurate." Lord Knutsford, as will be seen above, states the words have been attributed to him that the "Lady Mayoress was the wickedest woman in London for starting the Territorial Nursing Service," and then adds, "which by the bye no Lady Mayoress did."

1. No one has made the statement in this Journal that any Lady Mayoress "started the Territorial Service." Initiated the movement at the Mansion House "is what was written.

2. Miss Breay's memory does not play her false, neither did she rely on it. We would remind Lord Knutsford that in each year two ladies reign at the Mansion House, and if he will refer to our issue of April 3rd, 1909, page 266, he will see that Lady Knill, "to whom he never spoke," was not the lady referred to as "the wickedest woman in London."

3. The opinions of those who are not now with us we decline to discuss. They cannot reply.

4. No doubt in recruiting a reserve of nurses for military service there is scope both for volunteer and compulsory service. We claim the nursing profession has the right to volunteer. Lord Knutsford would deprive them of the privilege and enforce a system adopted in recruiting a reserve attached to Q.A.I.M.N.S. by the War Office, and by the Admiralty, which subsidise the general hospitals in time of peace, to provide so many nurses in time of War, "along with the lint and the bandages."

So far as the supply of trained nurses recruited by the War Office is concerned, it has fallen far short of the requirements, and the Volunteer Territorial Force Nursing Service has been called upon to supply a large number of nurses for our Expeditionary Hospitals abroad, and many other nurses have been hastily engaged by the Matron-in-Chief. We repeat that if our Volunteer Nursing Service had not been available chaos would have been the result in military nursing organisation on the declaration of War. Such a Service is a splendid national asset and gives expression to the ardent patriotism of trained nurses.—Ed.]

A QUESTION FOR THE PUBLIC.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—Our "Statement" sent to the War Office, on the lack of nursing standards in auxiliary military hospitals, has been discussed and well supported in several weekly papers recently, which reach wide circles of readers, such as *London Opinion*, *The Clarion*, *The Vote*, &c., but not a line have I seen in any of the so-called "leading" London dailies. How is a question to be considered by the public, if it is excluded from publication in the press? What a farce it is to suppose that these autocratic publications reflect public opinion. My experience of the London dailies is that they have brought the system of suppressing public opinion to a fine art. To quote the State Registration of Nurses question: headed type for "antis"; waste-paper basket for those who plead for a guarantee of efficiency for the public and justice to women workers! In this connection, may I thank you for publishing the "Statement" in our official organ, THE BRITISH JOURNAL OF NURSING, and thus placing the truth before the public and the nursing profession; and may I express the opinion that it is

imperative that every member of our National Council of Trained Nurses should subscribe for our journal, and thus preserve the liberty of the press for our profession as a whole?

HENRIETTA HAWKINS,

(Member National Council of Trained Nurses).

New Southgate.

WE CONGRATULATE "NOSOKOMOS."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—“Nosokomos” has the intention of sending a petition to the Minister of War asking him to form an army nursing corps instead of entrusting the care of the sick and wounded soldiers to the Red Cross Society, just as you have done. We are going to translate your resolution and statement and add that as an appendix.

In April we are going to have a Woman's Congress in protest against war. In a few days I shall send you the invitation and all particulars about that Congress. I should be very glad if representatives of the nurses were present.

Yours very truly,

J. C. VAN LANSCHOT HUBRECHT.

Amsterdam.

NOTICE.

The meeting of the National Council of Trained Nurses of Great Britain and Ireland, announced for Saturday, February 27th, has been unavoidably postponed till Saturday, March 6th, at 431, Oxford Street, London, W., at 4 p.m. Will all delegates of affiliated Leagues and Societies note the change of date.

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps from the country can be interviewed by arrangement with Lady Barclay, 60, Nevcrn Square, Earl's Court, London, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, on Friday, 26th, this week, from 2.30 to 5 p.m., to interview candidates (opposite Selfridge's). Candidates must be well educated and hold a three years' certificate of training. Nurses who speak French are preferred.

We have great pleasure in acknowledging the following gifts for patients nursed by Sisters of the F.F.N.C., at Bergues:—Mrs. Bartleet, £3 3s.; Mrs. G. Clarke Nuttall, 10s.; Miss Ashley, 3 sheets, 8 pads, 2 blankets, and old linen; Miss Macvitie, 3 pairs knitted socks, 1 pair mits, 1 pair gloves; Mrs. Andrews, 1 pair socks, 1 body belt, 13 pairs mittens; Miss E. Thompson, R.N.S., 3 packets absorbent wool, 1 packet Gamgee. The cash has been spent in 6 pairs of sheets and 3 dozen towels.

OUR PRIZE COMPETITION.

March 6th.—Describe the post-operative care of tonsil and adenoid cases.

March 13th.—What are the special points to be observed on receiving a patient for admission to a hospital or infirmary ward?

The Midwife.

THE CENTRAL MIDWIVES BOARD.

A meeting of the Central Midwives Board was held at the Board's Offices, Caxton House, Westminster, on Thursday, February 18th, Sir Francis Champneys presiding.

The Secretary reported that Sir Francis Champneys, Mr. Parker Young, and Sir Shirley Murphy had been nominated by the bodies they respectively represent for another term of office.

REPORT OF STANDING COMMITTEE.

On the report of the Standing Committee:—Correspondence with a candidate for examination, who had tendered a marriage certificate which was found to have been tampered with, was considered. Correspondence on the same subject with Mrs. A. E. Dewar, of Horton House, Rugby, Honorary Treasurer of the Rugby District Nursing Association, was also considered.

The Board decided that the candidate be not admitted to the examination until her certificates are in order to the satisfaction of the Board.

Letters were received from the Honorary Secretary of the Clapham Maternity Hospital asking if a candidate, who had tendered a birth certificate which had been tampered with, might be admitted to the April Examination. The Board declined to alter its decision.

A letter was received from an Approved Midwife complaining of the conduct of one of her pupils who desired to enter for the Examination of February 11th, and stating that she had found it impossible to teach her aseptic methods. Letters were read from the Matron of the General Lying-in Hospital, York Road, on the same subject.

The Board decided (a) That in consequence of the representations of the Training Midwife the Board declines to accept the Schedule of the pupil. (b) That the Training Midwife be asked for an explanation of her having signed a certificate to the effect that the pupil had attended the cases "to her satisfaction."

A letter was received from the Local Government Board transmitting a copy of an application received from the Association for Promoting the Training and Supply of Midwives for a grant in aid of their work, and asking to be furnished with the observations of the Central Midwives Board on the subject.

The Board agreed that the Local Government Board be informed that the objects of the Association for Promoting the Training and Supply of Midwives are good and its Council contains many well-known names, and that the Board believes that it belongs to a group of Institutions which are doing valuable work, and all of which deserve encouragement.

A letter was received from the Medical Inspector of Midwives of the City of Bristol asking whether a midwife is entitled to operate on a case of tongue-tie. The Board decided to reply in the negative.

MIDWIVES' DOOR PLATES.

A letter was read from the County Medical Officer of Health of Lancashire asking whether certain specified instances of inscriptions on the door plates of midwives in the County contravene the provisions of Rule E. 27. It was decided that the County Medical Officer of Health of Lancashire be informed that the door plates quoted do not infringe Rule E. 27.

The significance of the letter of the County Medical Officer of Health for Lancashire, and of the reply of the Central Midwives Board is to prove distinctly that the title of nurse is one which has no meaning and may be used with impunity by anyone. The title of midwife, on the contrary, is protected by law, and anyone not certified under the Midwives' Act using the name of midwife is liable, on summary conviction, to a fine of £5.

In regard to the three instances in which the County Medical Officer asked for a ruling as to whether the midwives referred to were entitled to inscribe "Nurse" on their doorplates, he wrote, "The women are certified midwives styling themselves on their plates as 'Nurse.' None of them hold a certificate in general nursing."

"1. Attended a course of instruction at St. Mary's Hospital, Manchester, and passed a satisfactory examination, so is now competent to act as a monthly nurse.

"2. Trained in the Manchester Maternity Hospital as Monthly Nurse, and is fully qualified to act as such.

"3. Had three years' training in surgical and sick nursing under a medical practitioner. (No institution training and does not possess a certificate)."

We hope that nurses who have conscientiously qualified for their work by undergoing a three years' course of training in a general hospital, will note that the only title they can claim is the same as that which can be used by women with a few months' special training, or after no institution training at all but three years' "training" under a medical practitioner, whatever that may mean, while the effect of the registration of midwives is that the title of midwife is fully protected. We hope that the County Medical Officer of Health for Lancashire will do all in his power to support the Nurses' Registration Bill in charge of Dr. Chapple.

CLEANLINESS IMPOSSIBLE.

A letter was read from the Acting County Medical Officer of Health of Berkshire asking the

opinion of the Board as to the propriety of the conditions under which a midwife in the employment of a voluntary nursing authority in the County is sometimes required to perform her duties.

The letter was as follows:—

"It has come to my notice that a nurse engaged by a Voluntary Nursing Authority has, in the course of her duties, to attend midwifery cases and do other district work. She also has, when required, to go to live with the patient, and in some instances to sleep in the same bed as the patient, and attend midwifery cases, if necessary, whilst living in the house with the patient. Most of the houses in which she has to live with the patient are small cottages, and in some instances very dirty.

"It appears to me that these arrangements are very unsatisfactory for a midwife, as she cannot possibly keep herself in a cleanly condition. I should be very much obliged if you would let me have the Board's opinion on the matter, as it would come before the Council if a case was infected in any way whilst the nurse was in attendance."

The Board decided that the Acting County Medical Officer of Health for Berkshire be informed that Rule E. 1 states that the midwife must be scrupulously clean in every way, and Rule E 5 deals with the question of contact with infectious conditions, and that these Rules must not be infringed.

INEXPERIENCED INSPECTORS.

A letter was read from the Council of the Incorporated Midwives Institute transmitting for the consideration of the Board a copy of a resolution forwarded by the Institute to the Local Government Board asking that body to refuse to sanction the appointment by local bodies of unqualified and inexperienced women as Inspectors of Midwives and for other health work.

The Board agreed that the Incorporated Midwives Institute be thanked for its communication.

APPLICATIONS.

For Removal from the Roll.—Applications were received from thirteen midwives for the removal of their names from the Roll. The applications were granted.

For Recognition as a Teacher.—The following applications were granted: John Shields Fairbairn, M.B., F.R.C.S., William Dove Macfarlane, M.B., F.R.F.P.S., John Abernethy Willett, M.D.

RECOGNISED TEACHERS.

The Standing Committee recommended the Board not to re-appoint certain recognised Teachers in London after the termination of their period of approval on March 31st, 1915.

Mr. Parker Young said that he was sorry to have to differ from the Standing Committee, he considered the proposal arbitrary. There was nothing whatever against any of the teachers

whom it was proposed not to re-appoint, nothing against their efficiency or success, and this being the case it was hard to take away from them a source of income.

A letter was read by the Secretary, by request, in which the teacher stated that it appeared to her a pity to transfer to hospitals, for instruction, some of the pupils of recognised teachers who gained their practical experience in Maternity Homes. (1) These pupils were often of a lower social station than hospital pupils, and required more individual teaching than they obtained in a hospital class. (2) Maternity Homes were often not near a hospital, and pupils lost good work owing to the time spent in going backwards and forwards to the hospitals for lectures. (3) It was hard on the lecturers to be deprived of their work, and the inference would be that their appointments were cancelled owing to their incapacity. Further, the income they made was a consideration. She suggested that the Board might decide to recognise no more private lecturers but deprecated its cancelling the appointments of existing ones.

Mr. Parker Young said he thought the lady, with whom he was unacquainted, put the case extremely well. The lecturers should not be struck off with one stroke of the pen.

The Chairman said that the four teachers in question had had notice given them twelve months ago. The object of the Standing Committee was to get the best results, and it was the duty of the Board to do its best to improve the education of candidates.

The recommendation was carried, Mr. Parker Young dissenting.

We think that the policy of the Board to centralise theoretical teaching is the right one. It is very noticeable in studying the list of successful candidates that the percentage is lower in the case of those who have had private tuition. Those medical practitioners who have devoted themselves to this work might still find a useful and remunerative sphere as private coaches.

PENAL BOARD.

A Special Meeting of the Central Midwives Board was held at the Board Room, Caxton House, on Wednesday, February 17th, at 11.30 p.m., for the hearing of the charges alleged against eight midwives.

Removal from the Roll, and Certificates Cancelled.—Rosetta Bromley (No. 3390), Harriet Clulow (No. 1617), Jane Dorothea Whitley Colliers (No. 17271, L.O.S. Certificate), Elizabeth Ann Dunn (No. 17168), Martha Elsworth (No. 30966), Kate Holder (No. 20391), Catherine Seabury (No. 1924).

Severely Censured. Report asked for in Three and Six Months' Time from the Local Supervising Authority.—Jane Dunford (No. 4187). In communicating to this midwife, who appeared before it, the decision of the Board, the Chairman informed her that the Board had decided to censure her for offences shown, not of incompetence, but because she was not very trustworthy.

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EDITORIAL.

NURSES AND THE NATIONAL INSURANCE ACT.

The decision of Judge Woodfall in a case heard in the Westminster County Court on February 24th, when Miss Bryant, a member of the Nurses Co-operation, 22, Langham Street, London, W., appealed against the decision of the National Insurance Commissioners, requiring nurses on the staff of the Co-operation to insure, under the National Insurance Act, is likely to have a far reaching effect upon all nurses earning two guineas a week and upwards, and receiving their own fees.

We understand that the Commissioners, as well as the nurse, were anxious for an authoritative ruling on the question.

Mr. J. J. Murphy, counsel for Miss Bryant, explained that his client was a member of the Nurses Co-operation, a body formed to secure to nurses adequate remuneration for their work. Professional nurses, of the status of the appellant, attending on patients in private houses, received a minimum remuneration of two guineas a week, with 2s. 6d. for laundry expenses, and board and lodging of a superior kind.

Miss Bryant supported her counsel's statement, and, after hearing the evidence the Judge said that he was decidedly of opinion that the appellant should succeed. He considered that the remuneration received was equal to £160 per annum. That ended the case as far as he was concerned, but he had been invited to express an opinion on other points. The Nurses' Co-operation was not run for profit, and he considered that in this case the contract was a contract for service, not of service. His Honour was careful to explain that he expressed that opinion simply in regard to

the case before him, in which the nurses were members of a special society. He had arrived at the decision that he must differ from the decision come to by the National Insurance Commissioners.

The question of costs was adjourned in order to ascertain the responsibility of the Treasury.

The result of this decision is that every nurse on the Nurses' Co-operation will, for the future, be outside the scope of the National Insurance Act, and it is reasonable to assume that other nurses, working under similar conditions, are, in consequence, outside it also. A question which is immediately raised, if this decision is sustained, is whether the National Insurance Commissioners will have to refund to Insurance Societies any payments for sick benefit made to nurses who should never have come under the Act.

The question of most importance to nurses is whether they wish to be outside a scheme of National Insurance or not. There is no doubt, whatever, that the present Act was not designed to meet their needs, that it is prejudicial to their interests, that its provisions are irritating and annoying to them, and the benefits received of little use, while the additional work placed upon their Societies has been abnormal. At the same time, National Insurance has come to stay, and the principle that every worker, man or woman, should insure against sickness and disablement is a right one. With the experience gained of the working and defects of the present Act, as it affects nurses, it would be possible to organise a scheme which would be really helpful to them, if, through the societies to which they belong, nurses were taken into consultation and not ignored as they were when the present Act, which was largely designed to meet the needs of male industrial workers, was before Parliament.

OUR PRIZE COMPETITION.

DESCRIBE THE POST-OPERATIVE CARE OF TONSIL AND ADENOID CASES.

We have pleasure in awarding the prize this week to Miss Dorothy Humphreys, St. Bartholomew's Hospital, London, E.C.

PRIZE PAPER.

In taking charge of a post-operative case of adenoids and tonsils, the nurse must first of all watch for signs of suffocation and hæmorrhage as the possible result, and guard against collapse. Suffocation may supervene as the result of clots or mucus blocking the trachea. The function of respiration is naturally impaired in these cases, difficulty in breathing being a typical symptom, owing to the growth obstructing the passage of air through the posterior nares, so that recovery from the anæsthetic takes place under rather unfavourable conditions. The nurse should therefore always have a tracheotomy set in readiness, since it is sometimes necessary to perform this operation; and by swabbing out the mouth and keeping the head sideways, and not thrown back, assist the patient's respiration.

Hæmorrhage, that is to say, secondary hæmorrhage, is a possible sequel. Primary hæmorrhage naturally always occurs immediately after the operation, owing to the laceration of the tissues. If the patient is a child, it should be carried from the operating table face downwards, access of air being insured. This position assists it to vomit, and prevents regurgitation. Immediately after the operation, the patient should be laid flat, well covered up, and with the head sideways. The face should be well sponged with cold water, and the patient given a little ice to suck. Primary hæmorrhage should be arrested after ten or fifteen minutes. Swallowed blood, of a deep blackish colour, is frequently vomited in considerable quantities after a time. If the hæmorrhage does not shortly cease, it becomes secondary hæmorrhage. It may also be brought on by a coughing or vomiting attack, even after the lapse of a day; the nurse must watch to see if any scarlet blood is vomited. Ice should be given to suck, and applications of ice to the nose and neck; gargles of tannic acid, injections of adrenalin and other astringents may be ordered.

Sudden collapse is not infrequent, and all the necessary precautions should be taken; the patient being kept warm and quiet, and the hypodermic apparatus put in readiness. A careful watch should be kept on the pulse for several hours after the operation.

In hospitals it is usual to send the out-patients home after the operation, in a few hours, with orders to keep them in bed. The usual treatment is rest and quiet for two or three days. The patient should not be allowed to talk too much; all food at first should be soft and lukewarm; and a mouth wash given frequently. In most cases recovery easily takes place without complications. Watch, however, should be kept for signs of ear trouble, septic throat, or enlarged glands, which sometimes supervene, especially if the patient is exposed to chills or draught. The Eustachian tubes frequently convey sepsis from the throat to the ear and set up ear trouble. It is therefore important to keep the mouth, throat, and nose thoroughly clean by syringing (if ordered), mouth washes, and frequent swabbing.

As soon as possible, instructions should be given in the art of breathing properly. If this is neglected, and the child allowed to breathe through the mouth instead of the nose, the air passages may be again obstructed, and a second operation prove necessary.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss C. G. Cheatley, Miss A. K. Banham, Miss M. James, Miss B. Robson, Miss M. Macfarlane, Miss O'Brien, Miss K. Köhler, Miss Blackburn, Miss M. Tobin, Miss A. Harding.

Miss Cheatley writes:—"Directly the operation is finished, the patient should be put back into bed and covered with a warm blanket, over which the bedclothes are placed. The head should be placed on a low pillow or quite flat, and turned to the side. The patient must not be left until consciousness is quite recovered, as he may choke from getting vomited matter in his larynx. With an unconscious patient the danger of vomiting is that he will suddenly inspire and inhale vomited matter into his trachea, and rapidly become asphyxiated. After the operation is over hæmorrhage must be watched for, though it is not very common, although large quantities of blood may be vomited, having been previously swallowed."

QUESTION FOR NEXT WEEK.

What are the special points to be observed on receiving a patient for admission to a hospital or infirmary ward?

We regret that a number of papers arrived too late this week to compete for the prize. For this they must arrive by the first post on Monday morning.

FRENCH METHODS OF TREATMENT.

THE TREATMENT OF ENTERIC.

Miss M. Bow, of the Registered Nurses' Society, writes from Deauville:—

I wonder if anyone has remarked on the various treatments ordered by the French medical men for the enteric patient.

The latest treatment in Deauville consists of cold compresses on abdomen, three enemata per day of cold water with a little glycerine, and a dose of sulphate of magnesia every morning.

This indeed seemed strange at first, even risky, but now that we are accustomed to it we have ceased to consider it drastic, and certainly the cold enemata have a somewhat soothing effect if not continued too long.

The first batch of typhoid patients were given cold baths and cold sponging, a dose of "acide lactique" every hour, and a cachet of quinine each evening, with our ordinary treatment for complications. They recovered splendidly.

The next set were treated without sponging, but with cold compresses on abdomen, and on chest, back and front. They had quinquina as a tonic twice a day, and two or three hypodermic injections of "huile camphrée." This batch also recovered well, though not quite so rapidly.

The men who were most feeble and collapsed had one or two injections of saline in the abdomen.

THE USE OF "HUILE CAMPHRÉE."

The use of "huile camphrée" is interesting. It is, like Tincture of Iodine, useful for many things. Just as Tincture of Iodine is ordered for wounds, for painting on chests, for bronchitis, &c., and actually a few drops to be taken in milk to relieve sore throat and cold, so "huile camphrée" is used for hypodermic injections, in chest trouble, for friction, for application to swollen joints, rheumatism, and for frozen feet to aid the detachment of dead skin and flesh (very slow, but effective).

In this hospital there have now been cases of enteric, measles, erysipelas, and mumps. Somehow, one does not expect to find mumps amongst the maladies in a military hospital, but it shows that one must not be surprised at anything in such a war as this.

Miss Bow adds:—Lately the work has not been so heavy, but nevertheless we have been well occupied, and during the last fortnight have had time to prepare for the next rush, and thus partially avoid the pressure that always follows the arrival of a fresh batch of wounded.

CEREBRO-SPINAL FEVER.

The Local Government Board has issued a Memorandum on the incidence of cerebro-spinal fever, and the administrative action which should be taken against its spread, prepared by Dr. Arthur Newsholme, Medical Officer to the Board. The disease was made notifiable for the entire country on September 1st, 1912.

The following extracts from the Memorandum are of interest:—

CLINICAL FEATURES OF THE DISEASE.

The late Mr. Netten Radcliffe described cerebro-spinal fever as "an acute, epidemic disease, characterised by profound disturbance of the central nervous system, indicated at the onset chiefly by shivering, intense headache or vertigo, or both, and persistent vomiting; subsequently by delirium, often violent, alternating with somnolence or a state of apathy or stupor, an acutely painful condition with spasm—sometimes tetanoid—of certain groups of muscles, especially the posterior muscles of the neck, occasioning retraction of the head and an increased sensitiveness of the surface of the body. Throughout the disease there is marked depression of the vital powers, not unfrequently collapse, and in its course an eruption of vesicles, petechial or purpuric spots, or mottling of the skin is apt to occur.* If the disease tend to recovery, the symptoms gradually subside without any critical phenomena, and convalescence is protracted; if to a fatal termination, death is almost invariably preceded by coma. After death the enveloping membranes of the brain and spinal cord are found in a morbid state, of which the most notable signs are engorgement of the blood-vessels, usually excessive, and an effusion of sero-purulent matter into the meshes of the pia mater and beneath the arachnoid."† Local prevalence of illness distinguished by the foregoing features would, no doubt, attract attention, and would, it may be presumed, lead to early recognition of its true nature. But while these features are characteristic of typically severe cerebro-spinal fever, experience shows us that it may and does appear in milder or in anomalous forms which render identification difficult, and which lead to its being mistaken for other ailments of more common occurrence

* In a very considerable number of instances, however, no eruption of any kind is present.

† To the clinical manifestations of the disease indicated in the above description may be added the presence of Kernig's sign and of *la che cérébrale*.

in this country. Illustration of this is afforded by certain localised outbreaks of cerebro-spinal fever in the eastern counties in 1890, where this disease was generally mistaken for sunstroke or for enteric fever, or was looked upon as a new form of illness; by the prevalence of what would seem to have been cerebro-spinal fever in Northamptonshire in 1890-91, where the malady was for the most part diagnosed as pneumonia or as sore throat; and by the occurrence of cerebro-spinal fever in Irthlingborough in 1905, where many of the persons attacked were regarded as suffering from influenza. In these anomalous forms of cerebro-spinal fever, many or even most of the symptoms associated with the recognised type of the disease may be absent, while in mild cases they may be so slight or of such brief duration as to escape notice. It is necessary to be on the outlook for such cases when cerebro-spinal fever occurs in a locality or when illness not clearly referable to definable cause prevails in a particular neighbourhood. Cerebro-spinal fever is apt also to escape recognition when it is of the "fulminant" variety, in which death ensues rapidly. In these instances the disease has been mistaken for typhus fever, idiopathic tetanus, malignant measles, or other diseases.

MODE OF SPREAD OF THE DISEASE.

Cerebro-spinal fever has a much more restricted direct infectivity than characterises a disease like small-pox, which attacks the majority of persons exposed to infection who are unprotected by vaccination or previous small-pox. In most outbreaks of cerebro-spinal fever, only one member of the invaded family develops definite symptoms of meningeal disease, though exceptions to this statement are not uncommon. The meningococcus is found in the mucous secretion of the nasopharynx in a considerable proportion of those suffering from the disease, especially in its earlier stages, and also in some apparently healthy persons who have been in contact with cases of the disease.

INVESTIGATION OF SOURCES OF INFECTION.

The possible occurrence of anomalous cases should be investigated. Special attention should be directed to cases of sore throat, headaches, pains in back and limbs, &c., suggesting "influenza." The important share borne by healthy "carriers" as agents of infection should be borne in mind. The bacteriological examination of swabs from persons likely from their history to have acted as "carriers" should be undertaken.

PRECAUTIONARY MEASURES AS TO CONTACTS.

All persons who have been in attendance on, or otherwise in close personal association with, the patient should be regarded as possible carriers of infection. The duration of the infectivity of contacts is doubtful. It will be a useful rule to regard them as possibly infective for three weeks from the date of last association with a patient, but the partial restrictions to their intercourse, otherwise desirable, may be relaxed if swabs from the nasopharynx examined under the conditions set out in the foregoing paragraph fail, preferably on two occasions, to show the presence of the meningococcus. Contacts should be instructed and warned that they may be a source of danger, although remaining quite well themselves, and that for this reason they must abstain from intimate personal association with others. This rule should be especially followed by contacts who have catarrh. Contacts should also be advised that an open-air life diminishes the risk of infection both of themselves and of others. Isolation of such contacts in a hospital should not be attempted. Detection of the meningococcus in the nasopharynx of a contact is valuable evidence of his potential infectivity to others, while failure to find the micro-organism does not possess an equal negative value. Nasal sprays have been recommended for contacts, a disinfecting solution such as potassium permanganate, 1 in 1,000, being used. If spraying is employed it should be carried out under medical supervision.

GENERAL PREVENTIVE MEASURES.

In the presence of cerebro-spinal fever the nearest approach to open-air life should be aimed at, especially for all contacts. In view of the known association of cerebro-spinal fever with overcrowding, insufficient ventilation, and uncleanliness, the avoidance of these conditions becomes a matter of prime importance. This is especially true where large numbers of persons are aggregated under one roof.

A SERUM FOR GANGRENE.

Dr. Roux, Director of the Pasteur Institute at Paris, presented an important paper to the Academy of Science, in that city, on Monday last, outlining the possibility of a cure for gangrene by means of a serum discovered by M. Weinberg, a French scientist, which counteracts the effect of a bacillus found by him in gangrenous wounds. Wounds treated with this serum have been found to considerably improve.

THE LADY HARDINGE HOSPITAL, BROCKENHURST.

The Lady Hardinge Hospital at Brockenhurst for wounded Indian soldiers, which is supported by the Indian Soldiers' Fund, sub-committee of the Ladies' Committee of the Order of St. John of Jerusalem in England, of which Committee Her Majesty the Queen is President, is now in full working order, and on Saturday last a distinguished party travelled down to Brockenhurst to inspect the hospital.

Among those who visited the Hospital were Adeline Duchess of Bedford, Chairman of the Queen's Committee, the Duchess of Somerset, the Marchioness of Lansdowne, the Earl and Countess of Clarendon, the Countess of Minto, the Countess of Scarborough, Lady Jekyll, Lady Sloggett, Sir J. Hewett, Sir Claude Macdonald, Sir Havelock Charles, General Sir Alfred Gaselee, Mrs. Morant, Mrs. Bedford Fenwick, Colonel Wheler, Lieut.-Col. P. F. O'Connor, Mr. P. D. Agnew, and Mr. E. M. Cook, Hon. Secretaries.

They were met on their arrival at the station by a number of motor cars, kindly arranged for by Dr. Child, President of the Automobile Association, and quickly conveyed to the hospital, which consists of a series of huts and contains 500 beds. It is beautifully situated on rising ground in the New Forest, the site having been generously presented by Mrs. Morant, of Brockenhurst Park, while the Order of St. John of Jerusalem gave £10,000 towards its equipment.

The visitors were received by Lieutenant-Colonel Perry, C.I.E., the Commanding Officer, who was formerly Principal of the Lahore Medical College, and one of the most distinguished medical men in India, Lieutenant-Colonel Meyer, Miss

McCall Anderson, R.R.C., the Matron, and other members of the medical and nursing staffs, in the central hall, in which hangs a portrait of the late Lady Hardinge, whose early and tragic death has caused so much sorrow.

The writer was amongst those who had the pleasure of being taken round the Hospital by Colonel Melville with, amongst others, Lieut.-Col. P. F. O'Connor, formerly a medical officer of the Indian Medical Service. It was pleasant to see the intense pleasure of Ressa'dar Gholam Mohammed Khan, and Ressa'dar Ramji Lal, native officers of the 6th Cavalry now in the hospital at Brocken-

hurst at once more meeting their former officer. It was typical of the cordial relations between the British officers and their Indian subordinates and no one seeing the light on the dark faces when spoken to by one of the visitors whom they had known formerly in India could fail to realise the strong tie which unites them.

Besides the Matron the nursing staff includes Miss I. Frodsham and Miss Ryland-Smith, her assistants, and seventeen Sisters, all of whom speak Hindustani.

There are twenty wards in all, of twenty-four beds, with the usual annexes, and single wards for native officers, who looked very smart as well as warm in the beautiful dressing-gowns sent by Lady Rothschild, of dark blue cloth with

red facings, and one noticed a new use for the knitted scarves, which were ingeniously worn in more than one instance as turbans.

The charge of each sister is 50 beds, 25 in each ward, the two being separated by a corridor. Their duties consist principally of supervision, and they have two English orderlies working under them—and there are also native servants.

The wards look very bright and trim, the comfortable beds have quilts of Turkey twill which suit the dark faces above them. A few weeks ago



MISS EDITH MCCALL ANDERSON, R.R.C.
Matron, Lady Hardinge Hospital.

these faces, we were told, looked pinched and yellow under the black ; but now they are resuming a normal appearance. On the locker at each bedside is a lotah, or drinking vessel ; those for the Mohammedans being made in aluminium, and those for the Hindus of brass. The plates, mugs and other crockery, used by the Mohammedans, are enamelled dark blue outside and white inside ; while that for the Hindus is white with a blue border. On noticing a number of different coloured discs hanging over the beds, we were told that these denoted the different diets—of which there are six ; and the two cooks who come round and serve them can thus readily distinguish what the patient is to have. No. 1 consists of all

but we think money would be well expended in covering the floors with a washable material.

The dressings for all patients able to be moved are done outside the wards, in the second theatre. The theatre block is very complete, consisting of the theatre proper, sterilizing room, preparation room, anæsthetic room, x-ray room, and second theatre. We noticed a very practical stand of enamelled iron, containing six boxes for dressings and stores, with the name legibly painted on the white ground, and which could readily be slipped in and out of the frame ; we think an improvement would be to have the frame on castors, so that it could easily be moved for cleaning purposes. The row of sterilized lotions, in pitchers



WOUNDED INDIANS IN NEW FOREST.

milk ; No. 2, Dahl soup (made of split pulse and milk) ; No. 3, chicken soup or mutton soup and milk ; No. 4, for non-meat eating patients, includes sugar instead of meat ; No. 5, a rice diet, with meat ; and No. 6 includes Chupratis, unleavened cakes, made of unadulterated wheat flour, with meat.

The floors of the wards are of wood, and the only improvement that we could wish to see in this excellently equipped hospital is that the ward floors should be covered with linoleum, so that they could be swabbed daily—as with doors opening directly into the surrounding grounds, mud in the wet weather, and dust, in fine, can hardly fail to find an easy entrance, and become ingrained in the wood. There may be some reason, possibly that of expense, against this,

enamelled white, with the name painted in red on each, and with several folds of gauze tied over the top, are also worthy of note.

The wide corridors connecting the various blocks, and surrounding the hospital, are covered with linoleum ; they are well warmed, and afford excellent exercising ground in wet weather. They are also furnished with luxurious divans of stained wood covered with thick rugs, and provided with fat bolsters upholstered in blue, red and green velvet, on which convalescents can rest at ease. There is also a charming recreation room of a quite unique description, also furnished most comfortably with lovely carpets, divans with bright green velvet bolsters, and low tables at which the men can play cards, chess and other games and utilise for their smoking materials.

There are two kitchens, one for the preparation of Mohammedan and the other of Hindu food, and here we saw busy black hands deftly moulding the dough of which the chapratis are made, rolling it into the thin cakes so familiar to those who have lived in the East, and cooking them on hot iron plates. Rice boiled so that every grain was separate, a process rarely achieved in this country; milk soup, savoury soup made of pulse, ghee (butter clarified by boiling), and coarse brown sugar, which, with other condiments, are made into delectable little balls; all these showed the cleverness of the Indian cooks.

Next we peeped into the Sisters' quarters, where nearly every Sister has a spacious and comfortable bedroom; the dining room has an open roof, and the divisions are of fibrous, fireproof plaster. The Matron has her own special sitting-room through that of the Sisters, and there is a room set apart, as a sick room in case of need.

There are well supplied stores which can be drawn on, and what are known as Pack Stores, where the patients' clothes, after disinfection, are stored until they leave the hospital.

Mention must also be made of the laboratory, that essential centre of every modern hospital, where science reveals her secrets to the seeker after truth.

We must not omit to mention that beds can be endowed in this hospital, and one bears the interesting inscription, "This bed is equipped by the workmen employed in the construction of the Lady Hardinge Hospital in remembrance of a pleasant job."

The medical staff of the hospital includes Lieut.-Col. F. F. Perry, C.I.E., F.R.C.S., I.M.S.; Lieut.-Col. C. H. L. Meyer, M.D., I.M.S.; Lieut.-Col. W. H. Burke, M.B., I.M.S.; Lieut.-Col. M. A. T. Collie, M.B., I.M.S.; Lieut.-Col. J. B. Gibbons, I.M.S.; Lieut.-Col. H. Herbert, F.R.C.S., I.M.S.; Lieut.-Col. J. B. Jameson, M.B., I.M.S.; Lieut.-Col. H. B. Melville, M.B., I.M.S.; Major E. O. Thurston, M.B., F.R.C.S., I.M.S.; and Lieut. H. C. G. Semon, M.D., M.R.C.P., M.R.C.S., I.M.S. (temporary commission).

We publish on page 185 a portrait of Miss E. McCall Anderson, R.R.C., Matron of the hospital, which will be appreciated by many of her friends and pupils in the nursing world.

The Indian Soldiers' Fund Sub-Committee, Mr. P. D. Agnew and Mr. E. M. Cook, who were indefatigable in the arrangements they made for the comfort of the party travelling down to Brockenhurst, are greatly to be congratulated on the success of the day; the one disappointment of which was that the Marquess of Crewe, Secretary of State for India, was prevented by indisposition from accompanying the party.

The Committee of Ladies of the Order have done no finer piece of work than the formation of the Indian Soldiers' Fund Sub-Committee. The total gifts received by it now amount to some £124,000. Gifts of clothing and comforts, which are very welcome, should be sent to 29, Somerset Street, W., marked "Indian Soldiers' Fund."

NURSING AND THE WAR.

The distinction of being the Matron of the largest hospital in the United Kingdom belongs to Miss M. E. Davies, Matron of the King George Red Cross Hospital, in Stamford Street, London, S.E., which will have at least 1,650 beds. To nurse this enormous hospital, Miss Davies, who, as formerly a Principal Matron in the Territorial Force Nursing Service, has had some insight into military nursing, at the Royal Herbert Hospital, Woolwich, proposes to have 3 Principal Sisters, 10 Senior Sisters, 37 Sisters, 228 Staff Nurses, and 80 Women Orderlies (members of Voluntary Aid Detachments), besides Male Orderlies.

One of the Principal Sisters will act as Miss Davies' Assistant; another, as Home Sister; and the third as Housekeeping Sister for the Nursing and Medical Staff. The ten Senior Sisters will each have charge of a floor (five by day and five by night), and will virtually act as Matrons or Superintending Sisters of their own floors, the majority of which will contain 350 beds. Each floor extends over an acre and a half; but there is the advantage that the charge of each Senior Sister is all on the same level, so that she will not have stairs to traverse, as the Matron of an ordinary hospital.

Each will be responsible for the cleanliness of the corridors as well as the supervision of the wards on her own floor.

On four of the five floors there will be seven Ward Sisters; and on the fifth, five Sisters. There will also be three Theatre Sisters. The Ward Sisters will have charge of at least 50 beds, in one instance of 91. It follows that the position of Staff Nurse will be a responsible one, as it will be impossible for the Sister to accompany all members of the visiting staff on their rounds. At night also the Staff Nurses will be in charge, under the Senior Sister of the floor. The Senior Sisters will, for the most part, belong to the Military Service, or have had military experience, as it would be obviously impossible to run a hospital of this size on military lines with an entirely civilian nursing staff. The Ward Sisters have been chosen from those who have had previous experience in the same capacity. A number of Staff Nurses are still needed, and the salary offered is £40 per annum.

The women orderlies, who will come on from 7 a.m. to 1 p.m., or from 1 p.m. to 8 p.m. alternately, will do probationers' work and the lighter part of ward maids' work. The washing-up of the dinner things and of the cutlery for all the wards will be done by a central department.

The nursing staff will have two hours off duty daily, a half-day weekly, and, once a month, from six o'clock on Saturday evening to ten o'clock Sunday evening. Miss Davies considers that nurses should be well paid, and sees no justice in paying other workers—including doctors—well, and expecting nurses to work for half their usual

fees. She further considers that they should be required to take their time off duty. At the Red Cross Hospital at Netley, where she was Matron until recently, she had, she said, to drive them off duty. But, as she wisely says, the present military work is only an incident in a nurse's career. She has to go on year in year out with only herself to depend upon, and it is of the utmost importance that her health should be conserved. She would like to arrange for three hours off duty daily, but at present does not see her way to promise it; but, at least, she says the nurses can get a blow daily on Waterloo Bridge, where there is always a good fresh breeze.

The hospital is still in the hands of the work-people, but it is hoped to open it in April. The great shell is being divided up by partitions filled in with panels of asbestos below and glass above into wards and other departments of appropriate size.

It is interesting to learn that Queen Alexandra, as President of the British Red Cross Society, has presented a brass cross and two brass vases for the altar in the mortuary chapel. The cross is decorated with moonstones, and on the steps of its base the words are inscribed: "Jesus calls, now comes Peace. From Alexandra."

Queen Alexandra has also sent a photograph of herself for the hospital.

The Executive Committee of the Territorial Force Nursing Service of the City and County of London met at the Mansion House on Monday, March 1st. The Dowager Lady Dimsdale presided. Most satisfactory reports were presented by the four Principal Matrons, which stated that the nursing staff had been kept at full strength, and that a very low mortality had resulted amongst the thousands of patients admitted to the four hospitals.

A correspondent in a contemporary sensibly draws attention to the desirability of utilising the beds in existing nursing homes for the reception of the sick and wounded before opening and furnishing more small hospitals. Such homes are already suitably furnished and provided with facilities for operating purposes, and with a subsidy from the Government, augmented by public subscriptions, could certainly be run more economically and efficiently than hastily equipped buildings.

The society papers are still flooded with photographs of society girls and young married women, in most fetching nursing uniform. The London Hospital provides the "express" training of many of these lovely ladies—the majority of whom pay a guinea a week for the run of the hospital. The Chairman denying in the *Clarion* that our soldiers are nursed by untrained women—which, hundreds of them have been—confesses to having "70 paying probationers" at the London

Hospital, which brings an income to the institution at the rate of £3,822 a year. The commercialization of nursing—a notorious feature of the management of the London Hospital—could not be expected to resist such a temptation.

The Nurses' Hostel at the Hotel Christol, Boulogne, seems to be much appreciated, not least by the nurses on the hospital trains who can get baths there for a penny, and can also obtain tea, and make use of a pleasant recreation room.

The Secretary of the Edinburgh Medical Missionary Society has recently received the following communication from the Foreign Office in London:—

"The Under Secretary of State for Foreign Affairs presents his compliments to Dr. Sargood Fry, and, with reference to his recent inquiries, begs to state that he is in receipt of a communication from the United States Embassy in London enclosing a telegram from the United States Embassy in Constantinople to the effect that Nurses Johncock and Croft are content to remain in Nazareth."

From the above, it is gathered that Nurses Johncock and Croft have had the opportunity to leave the country, but have elected to remain and continue nursing the Turkish invalid soldiers. The hospital was seized by the Turks immediately war was declared, and has since been utilised for their own purposes, the services of the British nurses being commandeered. Under the present conditions of the country, the action of the two nurses may be regarded as carrying out the best traditions of the nursing profession.

Major Douglas has resigned his duties as Senior Medical Officer, at the Duchess of Westminster's Hospital at Le Tonquet. Mrs. Phillips, the Matron, has also resigned and returned to Cairo, and one of the Sisters has taken her post.

COOKING FOR THE SICK AND CONVALESCENT.

A series of lectures with practical demonstrations, the first of which took place on Friday last, will be given every Friday (except Good Friday) at 3 p.m., to April 16th, on "Cooking for the Sick and Convalescent," at the Queen's Gate Hall, Harrington Road, South Kensington, under the auspices of the Gas Light and Coke Company, by fully qualified Lady Advisers to the Company who hold diplomas in cooking.

Admission to the lectures and demonstrations, which are intended to be of assistance to those nursing the sick and wounded, will be free on presentation of a ticket to be obtained on application to the Gas Light & Coke Company, Horseferry Road, Westminster, S.W.

FRENCH FLAG NURSING CORPS.

A most enjoyable concert, arranged by Mrs. Hutchinson, for the benefit of the French Flag Nursing Corps, was given at the Boudoir Theatre, Kensington, on Thursday, February 25th. Miss Ivy Angove's violin solos were greatly appreciated and she generously responded to the encore which followed her skilful exposition of the "An Irish Air," by Harry Farjeon, and a Spanish Dance of Sarasate. Mrs. G. H. Todd won warm applause for her finished rendering of "Vissi d'Arte" ("La Tosca") and other favourite songs. The amusing Trio "Il Matrimonio Segreto" was given in most effective fashion by Miss L.

We have received a splendid consignment of hospital necessities and comforts to be sent to the Sisters of the Corps at Bergues. For Sister Lind, from Mrs. A. Mawdesley and Miss R. Holmes, per Miss T. Holmes, 30 sheets, 30 draw sheets, 60 pillow cases, 48 towels, 14 pairs ward slippers, 24 pairs socks, 6 pillows, 2 cushions, and other useful odds and ends.

From Mrs. Walter Spencer, 2 dozen small Turkish towels, 2 dozen dusters, 4 bath towels, 3 sheets, 7 pillow slips, 2 boxes soap, 2 pairs slippers, 12 combs, 2 hair brushes, 2 razors, 2 razor strops, 1 hand mirror, 2 pairs knitted gloves, 3 mufflers, 10 pairs socks, 2 pairs stockings, old linen and blanket.



THE OLD FRENCH TOWN OF BERGUES.

McCarthy, Miss Rose Budd, and Miss G. Higgs. A song most warmly received was "O Bay of Dublin," by Lady Dufferin, with its haunting note of sadness, sung by Miss Theodora Hess. Mr. Walter Glynn, who had a very cordial reception, charmed his hearers with "When Spring comes to the Islands," from "Songs of Southern Isles," and Mr. A. Hopper scored a great success with "Drake's Drum," and "When the Blue Bonnets came over the Border." Miss Kate Coates, and Miss Constance Stockbridge, at the piano contributed not a little to the success of an afternoon in which everything was exceedingly well chosen, and delightfully presented.

From Mrs. Gill, 1 dozen towels, 3 pairs mitts, 1 pair mittens, 6 pairs socks, 3 odd socks, 3 scarves, 2 new sheets, Oxo, and Dental creams.

Nurse Adams, R.N.S., 2 pairs slippers.

In reply to enquiries from the Croix Rouge Francaise, of which Mde. la Viscomtesse de la Panouse is President, we brought the great need for help in the fever hospitals at Bergues to her notice, and consignments of a most generous nature were at once promised. The boxes were to be addressed to Sister Lear, Sister Colchester, and Sister Sutton at the various hospitals at which they are working.

From the Mayoress of Scarborough, Lady Barclay has received 50 pairs sheets, socks, 30 calico shirts, 3 calico night shirts, 2 sheets, 62 handkerchiefs, bandages and old linen.

From the French Relief Fund Lady Barclay has also received most generous contributions, and boxes have been sent off to Bergues, and to Sister Hanning at Verneuil.

There is no doubt that owing to the immense number of French troops at the front and the fact that the factories in the north of France are at a standstill, it is much more difficult to supply all the needs of their splendid army than even we find it in England, where we have not conscription, and are free to continue our trade. From the first we have maintained that we owe an immense debt to France, and if there is anything which money will supply and ingenuity provide, from thoroughly trained nurses, it is our duty, as it is our pleasure to help supply them. And such supplies need to be constantly supplemented. Hospital supplies and comforts soon get used up, especially in War, so that we hope our generous readers will keep the needs of French military hospitals constantly in mind. Any articles sent to Sister Cartwright at 431, Oxford Street, London, W., will be sent where they are most required through the kind help of the French Relief Fund, without delay.

We insert with pleasure the following letter from Miss C. P. M. Tod, from l'Hôpital Temporaire, 25, Talence, Bordeaux, in hope "the flood" will continue. The French soldiers greatly enjoy our fine pictorial weeklies, so full of the stirring events of War. Papers, if not over weight, can be sent free if "on active military service" is written on the envelope.

DEAR EDITOR,—Your notice in THE BRITISH JOURNAL OF NURSING re picture papers for the French soldiers has brought us a flood of them. I wonder if you would be good enough to put a notice in the next number thanking all the very kind people for sending them to me, as it is quite impossible for me to acknowledge them. I find myself plunged into very advanced special ear, throat and nose work, and am therefore kept so busy that I have no time for anything but work.

Yours very sincerely,

CATHERINE P. M. TOD.

Sister A. M. Harris, R.N.S., who, with others, has been doing progressively good work at Lisieux, has been summoned to Chaumont for fever nursing. Mrs. Dalrymple has charge of the unit as supervisor, and is so keen, she inspires all her staff with enthusiasm. The hospital to which they are attached is very well organized, and the English nurses are much interested in the different medical methods—some of them unlike our own, but in many cases eminently efficacious.

The following members of the Corps left London on Thursday for Paris:—Miss K. M. E. Winterscale

cert. (and formerly Assistant Matron), Royal South Hants Hospital, Southampton; Miss M. Turner, cert. Buchanan Hospital, St. Leonards; Miss E. M. Tuxford, cert. Hertford County Hospital; Miss R. M. Macphail, cert. Edinburgh Royal Infirmary; Miss J. T. Scott, cert. Edinburgh Royal Infirmary; Miss E. Bruce, cert. Leith General Hospital; Miss E. L. C. Brown, cert. Mackay District Hospital, Queensland; Miss E. T. Withington, Hamilton Hospital, Victoria.

Another unit will leave for France next week, as the value of our nurses' services is becoming recognised by French military surgeons.

JOINT WAR COMMITTEE.

HOME HOSPITALS.

The following nurses have been deputed to service in home hospitals:—

Cyngfield Hospital, Kingsland, Shrewsbury.—Mrs. McKegg.

Shermfold Park Hospital, Frant, Sussex.—Miss Mabel Hunt.

V. A. D. Hospital, Corsham, Wilts.—Miss A. Leask.

Parochial Hall, Kenilworth.—Miss E. M. Smith. Frome Temporary Hospital.—Miss K. Pearce, Miss C. Hunter, Miss Towler, Miss D. Findlay.

Auxiliary Military Hospital, Buxton.—Miss Slevin.

Yately Military Hospital, Fleet.—Miss Clapin.

Red Cross Hospital, Louth.—Miss Porteous.

Clandon Park, Guildford.—Miss Yeoman Sheppard, Miss M. M. Horder, Miss C. I. K. Sumner, Miss M. L. Towler, Miss D. Finlay.

Knighton House, London Road, Leicester.—Miss A. Jackson, Miss E. Jackson.

Jeffrey Hall, Monk Street, Sunderland.—Mrs. E. Robinson.

Beechcroft Military Hospital, Woking.—Miss Hooper, Miss E. M. Cardy, Miss E. Pollard.

Red Cross Hospital, Chester.—Miss M. Purcell, Miss R. Deifies.

University Hospital, Highfield, Southampton.—Miss E. A. Jolley.

Red Cross Hospital, Swimming Baths, Swindon.—Mrs. G. Stewart

Red Cross Hospital, Galcombe, Newport, I.W.—Miss K. E. Skinner.

V.A.D., Town Hall, Torquay.—Mrs. M. W. Riseley.

Red Cross Hospital, Parochial Hall, Kenilworth.—Miss J. Bemrose.

V.A.D. Hospital, Broughall Cottage, Whitchurch.—Miss L. Dicks.

Coombe Lodge, Great Warley.—Miss K. H. Johnston.

V.A.D. Hospital, Northwood.—Miss M. Chutter.

Red Cross Hospital, Pinner Place, Pinner.—Miss A. L. Wispler.

V.A.D. Hospital, Mere, Wilts.—Miss Lloyd.

V.A.D. Hospital, Holmdene, Warwick.—Miss M. I. K. Macdonald.

Downington Manor, Moreton in Marsh.—Miss Robina Brown.

Claudon Park, Guildford.—Miss E. Male, Miss Mulliner, Miss A. F. Gray, Miss K. Chalker, Miss K. M. S. Thoruton.

North Walsham, Norfolk.—Miss Cockburn Hughes.

Red Cross Hospital, Highfield, Southampton.—Miss Philpott.

Blair Hospital, Bolton.—Miss Croly.

Convalescent Home, Felixstowe.—Miss M. E. Scott.

ABROAD.

Miss Nora Fletcher, who was trained in New South Wales, and has been working at Boulogne, has been appointed Principal Matron in France. The following nurses have been deputed to duty abroad:—

The Friends Enteric Hospital, Dunkirk.—Miss Susan Hall.

Church Army Hospital, Caen.—Miss Helmore, a Nurse Masseuse.

THE CARE OF THE WOUNDED.

There are no two opinions that medical women have come out on top in this war, and have so impressed the powers that be that they are to have a fair field and no favour in so far as our wounded are concerned. Dr. L. Garrett Anderson and Dr. Flora Murray, who are to have charge of a military hospital at home, are now in London. They have closed their two hospitals in France—that at Claridge's in Paris (under the French Red Cross) containing 150 beds, and that at Wimereux (under the War Office) containing 80 beds—as the need for them has now lessened. The site for the new hospital is not yet chosen. It will contain 500 beds and will be staffed entirely by women, women orderlies working under sisters. It is intended to open the hospital about the middle or the end of April, and the work of organising it is now well in hand.

It may be noted that the German War Office has recently appointed its first woman army doctor, Dr. Elizabeth Reinecke, who has been given charge of a military hospital (Lazarettärztin). In Russia women army doctors have received generous recognition and are allowed at the front, the only restriction being that their numbers must not exceed half that of their male colleagues.

The object of the Canadian Red Cross Information Department is to collect and centralise information concerning the sick and wounded, prisoners, and missing of the Canadian soldiers while they are in hospital, to ascertain and record their progress, to be of some assistance when necessary, and to keep their families informed. There is of necessity a special need for work of this kind in the case of soldiers who are separated by the Atlantic from their families and friends.

The address of this useful bureau is at 14-16, Cockspur Street, London, W.

THE BRITISH BRANCH OF THE FRENCH RED CROSS.

Those who realise how, in these sea-girt islands, we have been spared the horrors of war which our Allies have suffered, will sympathise warmly with the efforts being made in this country by French men and women to support the work of the French Croix Rouge; for it must be remembered that France has a much larger number of men in the field than we have, and also that, in a measure because of this, French trade has suffered more severely than our own; and as there is conscription in France, and a large proportion of the breadwinners are under arms, the French people as a whole are only able to support their Red Cross Society to a limited extent.

Further, while French medical men are some of the most brilliant in the world, nursing in France, as we understand it, is only here and there beginning to be developed. Therefore, on all sides the needs of the French Cross for the means to relieve the sufferings of the sick and wounded are urgent.

The British Branch of the French Red Cross, of which Queen Alexandra is Patron, has its headquarters at 25, Knightsbridge, a house with a charming view over the Park, only the busy workers there have no time to look out of the windows. The President is M. Paul Cambon, for so many years French Ambassador in this country, while its active and working President is the Vicomtesse de la Panouse, wife of the French Military Attaché, whose whole heart seems to be in the work she has undertaken of organising the help sent from this country to the brave soldiers of France, fighting for our freedom as well as for their own.

One is received by the Vicomtesse with the unaffected and delightful charm characteristic of so many of the daughters of La Belle France, and she explains that the aims of the British Branch of the Croix Rouge are to collect funds, garments, linen, drugs, and to buy surgical appliances and apparatus so far as funds permit, and to despatch them to hospitals in France. In this way they have helped the Scottish Women's Hospital at Chantilly, the Glamorgan and Monmouthshire Hospital at Berck Plage, the Hôpital Sophie Berthelot at Calais, the Hôpital of St. Paul at Cherbourg, the Hôpital Militaire 38 at Deauville, the Auxiliary Hospital at Lure, hospitals at Dieppe, Dunkirk, Aix-les-Bains, Poitiers, Rouen, and many other places. Moreover, the work is done systematically, messengers from this country visit the hospitals in France, bring back lists and reports of the things that are needed, and then return with them to the hospitals concerned, so that the maximum amount of good is accomplished, with the minimum of overlapping and waste. Substantial help is being sent to the hospitals in Bergues where Sisters of the French Flag Nursing Corps are working.

During the weeks it has been at work

over 30,000 garments have been despatched to France, besides bales of blankets, linen, &c., 150 to 200 of which are despatched every week. Under the guidance of the Vicomtesse's charming daughter I visited the basement and saw bales upon bales, safely secured in hessian and marked with the distinguishing sign of the Red Cross, ready for despatch. Then there were kit bags containing shirts, towels, pyjamas, slippers, sponges, and toothbrushes. The shelves of the cupboards were well filled with blankets—white and brown—linen, and other useful articles. Suits for the patients when they leave hospital are also needed, as it is often impossible that they should wear again those in which they were admitted.

On the ground floor the rooms are occupied by the offices of the President and her secretaries. On the floor above a number of typists (the only paid workers) are busily employed, and above again one found Mrs. Hugh Playfair, who organises the drug and surgical appliances department, who tells me that 20,000 odd metres of gauze have been despatched, and quantities of antitetic, anti-diphtheritic, anti-typhoid, antidyenteric serums; also metallic iodine, a costly but most valuable drug, and carbolic crystals, as well as chloroform and ether. It is satisfactory to learn that the Society has found no shortage in the last-mentioned drugs. In out-of-the-way places, where the supplies have to be conveyed by motor car, the stock may sometimes run low, but as a rule the supplies are sufficient, and only need replenishing in the ordinary way. Opium and morphia, for use principally on the motor ambulances, and Gooch's splinting are in demand. Jam, chocolate, and biscuits are also greatly appreciated by the patients in these ambulances.

Then over 4,000 cachets of quinine have been despatched, as well as veronal, bisulphide of iron, acid acetate glacialis, syrup of squills, camphorated oil for hypodermic injections, liquid kola by the pound to mix with cinchona, lysol, peroxide of hydrogen, and much besides. Occasionally prescriptions are sent to this country to be dispensed.

Hospital furniture, such as dressing waggons, sterilisers, X-ray outfits, and surgical appliances and supplies, including bandages, are also sent out. Indeed, the usefulness of the Society is only limited by its means, and it is to be hoped that, amongst the numerous claims upon its generosity just now, the British public will remember the claims of the French Croix Rouge. Parcels and donations should be addressed to the Vicomtesse de la Panouse, Croix Rouge Française, 25, Knightsbridge, London, S.W. The society has recently received the gift of 1,000 guineas from the Corporation of London.

M. B.

THE ROYAL RED CROSS.

The King has been graciously pleased to confer the decoration of the Royal Red Cross on Miss Mary Barbara Bennet, Sister in Queen Alexandra's Royal Naval Nursing Service, who is serving on the hospital ship *Garth Castle*.

APPOINTMENTS.

MATRON.

Gateshead Asylum, Stannington, Northumberland.—Miss Grace H. Mackay has been appointed Matron. She was trained at the Inverness District Asylum, and has been Deputy Matron at the Stirling District Asylum, Larbert.

The Liverpool Hospital for Cancer and Skin Diseases, Myrtle Street, Liverpool.—Miss Isobel M. Couper has been appointed Matron. She was trained at the Royal Infirmary, Bristol, and has been Nurse in Charge of the Central School Clinic, Clarendon Street, Nottingham, Head Nurse at Miss Preston's Surgical Nursing Home, Bristol, and Sister at the Hospital to which she is now appointed Matron.

Liverpool Merchants' Mobile Hospital.—Miss Whitson, Lady Superintendent of Brownlow Hill Infirmary, has been invited to act as Matron, and has accepted the position.

NURSE MATRON.

Infectious Hospital, Haymeads, Bishop's Stortford.—Miss Ada Copeland has been appointed Nurse-Matron. She was trained in infectious nursing at the Darlington Borough Infectious Diseases Hospital, and has been Nurse Matron at Great Ouseburn R.D. Infectious Hospital, and Tamworth Joint Isolation Hospital, Matron of the Solihull and Meriden Joint Isolation Hospital, and Matron of the City Isolation Hospital, Chichester.

SISTER.

Home and Infirmary for Sick Children, Sydenham, S.E.—Miss Selina Thomas has been appointed Sister. She was trained at the Hospital for Women and Children, Bristol, and has been Sister in the same institution and at the Nursing Home, Grimsby.

ASSISTANT MATRON.

Chelsea Infirmary, S.W.—Miss Joan Wyse has been appointed Assistant Matron. She was trained at Mercer's Hospital, Dublin, and has been in succession Ward Sister, Night Superintendent, and Superintendent of the Nurses' Home at the Chelsea Infirmary.

SUPERINTENDENT.

Chelsea Infirmary, S.W.—Miss Jane Stewart has been appointed Superintendent of the Nurses' Home at the Chelsea Infirmary. She was trained at the Royal Infirmary, Sunderland, and was for six years Matron at the C.M.S. Hospital, Hong Kong. She is at present Night Superintendent at the Royal Infirmary, Sunderland.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Florence Andress is appointed to Herne Bay; Miss Annie L. Bailey, to Barrow-in-Furness; Miss Frances E. Farnival, to Bath; Miss Olivia A. Jones, to Kensington; Miss Annie R. Thomas, to Liverpool (Walton); Miss Ada B. Wallis, to Bryanston.

NURSING ECHOES.

We are informed that the statue of Miss Florence Nightingale in Waterloo Place, so long anticipated by the nursing profession, was unveiled in the early morning, when three workmen from the Office of Works arrived with a handcart and a few ladders; that they pulled the cords, disclosed the figure, and departed as quietly as they came.

Surely the present was a psychological moment to honour the genius of the noble woman to whom the whole nation—especially our sick and wounded soldiers—owe so deep a debt. In our opinion, no other than the royal hand of the Queen of these Realms should have touched that cord, and revealed to a grateful world the statue of Florence Nightingale, herself queen for all time of that wonderful company of workers for humanity evolved through her tender and scientific teaching. In these times of heart-ache, a simple ceremony would have sufficed, but it should have been an honourable ceremony, and one in which her handmaidens could have taken a part.

We visited the site on which the statue stands a few hours after the unveiling; one

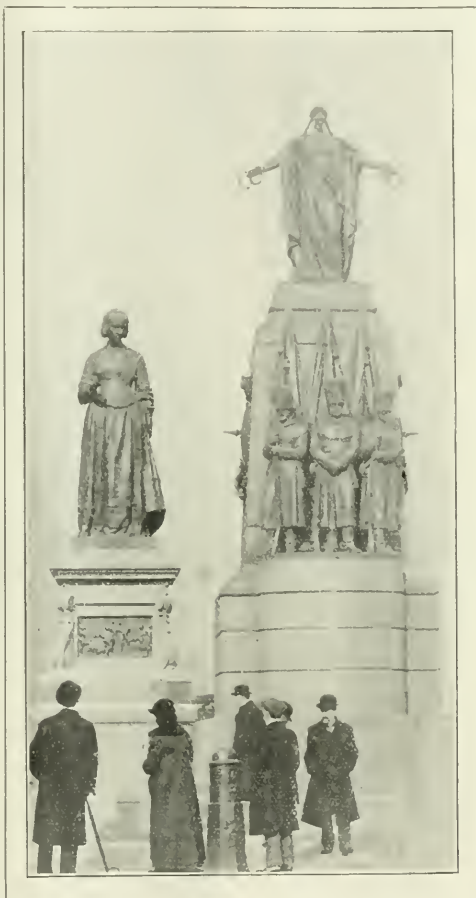
little tribute only had been laid at her feet—a bunch of tulips from a grateful past pupil of the Nightingale School. Later in the week a wreath of crimson roses from the nursing staff of St. Thomas' Hospital, bearing the words

"With love from her Nightingale nurses and probationers," was placed upon the plinth. For the statue itself we have no words of praise: it is devoid of all artistic merit, clumsy, material, a quite inadequate conception of the Lady of the Lamp. Living in an age when women's dress was devoid of all grace, every picture of Miss Nightingale goes to prove that the prevailing fashion failed to obscure her simple elegance and great distinction, yet the artist has not only cast her in a clumsy mould, but depicted her in an ill-cut garment of the worst Victorian type, not realising her mystic personality, nor how inevitably personality affects the garments worn.

We have longed for a statue of Florence Nightingale to be set up; now we only wish those workmen

would steal an- other march with their barrow, and wheel it away.

Boards of Guardians in London are making big preparations to provide for the wounded.



STATUE OF MISS NIGHTINGALE IN WATERLOO PLACE.

NATIONAL UNION OF TRAINED NURSES.

LONDON BRANCH.

The Annual Meeting of the London Branch of the N.U.T.N. was held on Saturday afternoon, 27th February, at the Institute of Hygiene. Many members of the Scattered Members' Branch, which enrolls nurses from all over the world, were present, as well as London members.

Lady St. Helier, who was in the Chair, spoke of the wonderful work of nurses now in contrast with former times, and of the gratitude they inspired in their patients. There was no comparison between the good work the thoroughly trained nurse could do, and the untrained. It was a great thing to have a Union with an ideal, and she hoped the numbers would increase, that all nurses would join, and the Union become a valuable and important one. Union was the great strength of every movement, and this society had realised the importance of co-operation and concentration.

She then went on to say that a great number of nurses would be required in the near future, and it was important it should be realised.

The Secretary's and Treasurer's reports for the year being read, Miss Haughton, the President of the London Branch, moved their adoption, and said how necessary it was to support a nurses' organisation. She thought great praise was due to the nurses who stayed at home, and did the quieter work, which was most necessary, especially midwifery. There was increasing difficulty in getting candidates for midwifery training.

Miss Pye spoke on the work done at the Central Office since the war, in acting as a Clearing House for nurses, and said that an absolute rule had been made of not recommending anyone for service abroad unless they had had a three years' training.

Miss Gibson, in moving a vote of thanks to Lady St. Helier, said that when everyone was pining to serve their country, the work at home might be forgotten. Nurses must remember what heritage had been set before them, and in tending suffering of any sort they must give of their best. The true vocation of the nurse was just as much fulfilled in imparting love, sympathy, and care to those left at home, and the best work was often the quiet work.

OUR FOREIGN LETTER.

NEWS FROM ITALY.

BY OUR ROME CORRESPONDENT.

No one regrets more than I to be so late in sending news from Italy, but it is rather impossible both to work and talk at such a time, and we have been full of work here, at the Policlinico, since January 13th, when the first victims of the earthquake began to arrive in Rome, and when our hospital alone took in as many as nine hundred wounded, the six wards belonging to the Scuola Convitto Regina Elena taking in about one hundred and fifty, a row of ten beds extra being placed down the centre of each ward. The zeal and kindness of our nursing staff knew no bounds; gifts of clothing for the poor people were instantly forthcoming, and on their own initiative the probationers collected among themselves the sum of 200 lire, or £10 8s., which is enabling us to give 5 lire each to every wounded person when he or she is discharged from the hospital. We have had many very bad and sad cases; many have died, but on the whole the recoveries are decidedly in the majority, and as soon as possible the chief desire and object of all these patients is to return to their native town or village, to be once more among the ruins of their homes.

All the public hospitals in Rome took in the wounded and sick, Santo Spirito and San Giovanni each receiving three hundred; Sant' Antonia and San Giacomo were re-opened for this purpose; the Pope's Hospice of Santa Marta, near St. Peter's, accommodated one hundred and sixty at one time, and again at other times about one hundred and twenty-five; the English nuns on the Monte Celio took in some twenty-four cases at various times, while the Anglo-American Nursing Home accommodated some thirty-three wounded. (These two last are private hospitals.)

The generosity and help shown by all classes of society throughout have been splendid; hundreds of articles of clothing alone were sent in to our hospital—shoes, dresses, shawls, &c.—many of the articles being absolutely new, and I have handled beautiful baby clothes, touching and speaking family relics.

At each hospital a branch of the "Re-uniting Committee" was established, and many touching scenes took place, when families were again united after being dispersed or thought lost.

In proportion to the area, the destruction in this earthquake of the Fucino surpasses that suffered by Messina in 1908; whole villages have been razed to the ground, while in others where the houses are still standing only the outer walls remain; churches and valuable art relics are lost; mediæval castles are destroyed; Pescara, where Anne of Austria's famous Minister, Cardinal Mazarin, saw the light, and Celano, where the Blessed Tommaso di Celano, the supposed author of the "Dies iræ, dies illa," was born, are among the many ruined towns.

A large site has been purchased on Clapham Common in the name of Sir John Wolfe Wolfe-Barry for the erection of the new United Westminster and St. George's Hospitals.

THE ORGANIZATION OF THE PROFESSION OF MASSAGE.

We have been asked by Mrs. K. Marriott Fox to publish the correspondence which has taken place between herself and the Incorporated Society of Trained Masseuses, and as it touches upon several very important professional points of special interest to trained masseuses, we have pleasure in complying with her request.

CORRESPONDENCE BETWEEN MRS. K. MARRIOTT FOX AND THE INCORPORATED SOCIETY OF TRAINED MASSEUSES.

Training School of Massage,

1, Thorncliffe Grove,

Oxford Road, Manchester,

December 9th, 1914.

To the Chairman of the Incorporated Society of Trained Masseuses.

MADAM,—I beg to tender my resignation as a Member and Certificate holder of the I.S.T.M., and herewith return the certificate under registered cover.

I take this step after much thoughtful consideration, as a protest against the arbitrary methods adopted by the Society towards its certificate holders and towards teachers of massage.

When candidates sit for your examination, they are required to sign a paper to the effect that they undertake to keep the rules of the Society, and the penalty for not doing so is a forfeiture of the certificate. At the foot of the Declaration are these three rules:—

1.—“Not to undertake any cases of massage except under the direction of a registered medical practitioner, and in regard to massage for men to act in accordance with the bye-laws of the Society.”

2.—“Not to advertise in any way whatever, except in recognised medical papers.”

3.—“Not to sell goods to patients in a professional capacity.”

Within the last year the Society has brought out numerous new rules and regulations.

One of the latest new rules is *Compulsory Inspection* of all schools and hospitals sending up candidates for the examinations.

Now, when the idea of inspection was first started, we were given to understand that the inspection would *not* be compulsory, and also that its object was to get the massage schools exempt from inspection by the County Councils. There was no question of inspection on hygienic or sanitary conditions, nor on the qualifications of the teaching staff. I was present in London at both the meetings held to discuss this matter; and there certainly was no mention made of the Society's intention to refuse the candidates from a school that did not agree to come under inspection.

Now you send me a notice of *Compulsory inspection* on—

(a) “Hygienic conditions of the school,”

(b) “Qualifications of the teachers,”

(c) “Curriculum of training and time-table,”

and also inform me that unless I comply with this and other new rules, my candidates will not be accepted for examinations.

The Inspector to be appointed is not to be a trained masseuse, and you state in one letter that she is to be “other than a teacher of massage.” You assure me also that she is not to be a sanitary inspector. Under these circumstances, I fail to see what qualifications entitle her to inspect my school and teaching staff on either (a), (b) or (c).

Further, the Society has not even one member of the medical profession upon its Council, and until a few months ago the only list of “Recommended Teachers” published by the Society was one containing some 8 or 9 names, and out of these some six of them were members of the Council, so that the Council were recommending themselves!

Can the Society in the face of this be an “Independent Examining Board”?

The members of the Council, as you know, are proposed by the Council, and not by the ordinary members.

At the last election the Council declared three vacancies for representatives of London schools, and the Council proposed three members for those vacancies; so that the voting was a mere farce. A, B and C were bound to get in, even if they had not a single vote!

In your New Regulations *re* “training of Nurses in Massage,” you state: “In the case of Hospitals training their own Nurses in Massage some reduction in the weekly time-table of instruction may be allowed in consideration of the study already given to physiology, anatomy, and the care of patients.” Yet, you will not allow any reduction in a case where a private teacher is preparing hospital nurses. It seems too absurd to be true; but possibly you are making exceptions for London teachers and London nurses. Provincial candidates and provincial teachers have for long enough realised how little the Society take them into consideration.

I intend to publish this letter and also any reply received from the Society, which please observe.

I remain,

Yours truly,

(Signed) KATHLEEN MARRIOTT FOX.

NOTE.—Between the receipt of the above letter and the next, a notice was received that one of the Society's inspectors would call at Mrs. Marriott Fox's with reference to the question of inspection.

December 15th, 1914.

DEAR MISS ROBINSON,—... I am under no misapprehension whatever, and I have no doubt that you will notice the points I cite in my letter to the Society are correct. ... I must decline absolutely to be visited by any inspector sent by the Society.

Believe me,

Yours truly,

(Signed) KATHLEEN MARRIOTT FOX.

NOTE.—The Inspector called on December 16th.

The Incorporated Society of Trained Masseuses,
99, Mortimer Street, Cavendish Square, W.
December 20th, 1914.

DEAR MRS. FOX,—I have received your reply to my letter and, as you desire it, the matter will be brought before Council at their next meeting.

Yours truly,
(Signed) LUCY M. ROBINSON
(Chairman of Council).

17, Priory Mansions,
Drayton Gardens, S.W.
January 8th, 1915.

DEAR MRS. MARRIOTT FOX,—Your letter was brought before the Council to-day as you wished. The members ask me to express to you your regret at the prospect of losing a valued and loyal member such as you have been since obtaining your certificate. We do appreciate the special difficulties of provincial teachers and think some of them may be met, and we are therefore arranging a conference of teachers, as soon as we move into our new quarters; to discuss various points. The Council unanimously suggested that a meeting between two or three of them and yourself might find a happier solution than your resignation. They hope that you will be able to arrange to meet them on Saturday, January 16th, and Miss Manley is writing to offer you hospitality. May I hope to see you here (at my flat) between 4 and 4.30 p.m. on that day?

Yours truly,
(Signed) LUCY M. ROBINSON.

P.S.—The Council wish to defray your travelling expenses on this occasion.

Training School of Massage,
1, Thorncliffe Grove,
Oxford Road, Manchester.
January 13th, 1915.

DEAR MISS ROBINSON,—Your letter of the 8th inst. to hand, for which I thank you.

I do not see what difference my coming up to London to meet members of your Council can possibly make in the situation.

As I explained in my letter of December 9th when resigning from the Society, that I had given the matter very serious consideration and was resigning as a protest against the arbitrary methods adopted by the Society towards its Certificate holders and towards Teachers of Massage.

The aims and objects of the Society seem to have become such as to penalize with impunity the teachers of Private Schools and Members of the Society. To give you just another instance:—The Society's new rule prohibiting certificate holders, members and associates of the Society from giving certificates of training or efficiency; and the penalty that the Society will not receive pupils from schools or private teachers granting such certificates.

Does it not strike your Society as tyrannical to enforce such a rule upon old schools, some of which were established many years before the Incorporated Society was even in existence, and

where doubtless many of your earlier members and probably even some of your founders themselves received their training and certificates?

It is the methods upon which the Society is working that I am entirely opposed to, and therefore as a matter of principle I cannot withdraw my resignation nor my privilege of publishing our correspondence upon the matter; and this I consider to be in the interests of many in the Profession.

I saw Miss —, the inspector you sent to see me, as she was a personal friend and she knows my views exactly, and it would be of no use my repeating them to other members of your council.

My resignation must, therefore, be considered as final, and this being the case you will understand why I cannot at this time accept the hospitality kindly offered by yourself and other members.

Believe me,
Yours truly,
(Signed) K. MARRIOTT FOX.

157, Great Portland Street, W.,
February 18th, 1915.

DEAR MRS. FOX,—Your letter of the 9th December last has been placed before the Council of the Incorporated Society of Trained Masseuses at their meeting held on the 12th inst., and I am instructed to say that, having regard to the reason you put forward for tendering your resignation as a member of the Society, and returning the certificate of proficiency in massage granted you by the Society in 1911, the Council much regret that you have declined the invitation sent to you through the Chairman to meet members of the Council known to you personally, to discuss in a friendly and open manner the various points you have raised, which they feel assured you need only to consider from an impersonal point of view to become convinced that all resolutions passed by the Council are for the ultimate benefit of the Society, its certificate holders and the profession generally.

As you say, masseuses holding the Society's certificate sign an undertaking to abide by "all rules and regulations of the Society," and for their benefit, the three principal rules enforced from the date of the foundation of the Society, 1894, are printed at the foot of the declaration, but it stands to reason that, with the advance of the Society, additional rules and regulations must necessarily be made.

Early in 1913, with the increasing number of schools and private teachers of massage, it became necessary to safeguard the training of the would-be masseuse by requiring a minimum of instruction and practical work to be given at all schools where students were prepared and entered for examination, and, after many meetings of Council and Examination Committee and discussions on the subject with principals of long-established schools of massage, and members and teachers present at the annual meeting and Teachers' Conference in 1914, a detailed syllabus

of requirements was drawn up to come into force January 1st, 1915. The Council do not think that you can have any objection to co-operate, with other teachers, in enforcing this minimum training for the masseuse.

The reduction in the weekly hours of instruction allowed for nurses training in their own hospitals was sanctioned in consideration of the additional instruction in anatomy and physiology they would naturally be receiving from the medical staff of the hospital, and the regular daily work on patients in the wards carried out (under supervision) was considered as forming part of their training. London and provincial nurses are treated alike in this matter, the rule having been formed for the benefit of all, and no distinction has been made, as you seem to imply in your letter.

The resolution against the granting of private certificates by teachers who hold the Society's certificate was passed in the interests of the profession and in order to preclude the masseuse of short training from entering the field in competition with those fully qualified by virtue of the Society's certificate. This injustice was forcibly brought before the Council at the outbreak of the War, when an epidemic of short training seemed imminent in response to a demand by many women who wished to rush into the profession with the sole object of giving treatment to the wounded.

As a practising masseuse you will agree that the profession is not one to be entered into without a thorough training and some clinical experience, and, as a teacher, you must realise that the minimum training laid down by the Society for nurses and others is the least in which an intelligent woman, giving full time and study to the various subjects, can hope to qualify. If this training is taken from an accepted teacher the student is eligible for the Society's examination and certificate, and there is no reason for granting a private certificate which can be of little or no advantage to the masseuse in her professional career. The Council has not prohibited the granting of private certificates, but only requires that they should not be given "except in addition to the Society's certificate." This is in the interests of the masseuse and the teacher, and for the welfare of the public employing "certificated masseuses."

In reply to your objections to compulsory inspection of all schools from which pupils are accepted for examination by the Society the Council instruct me to point out that if inspection, which was voted for by the majority of teachers at both meetings in 1914 at which you were present, is to be of any avail, it must be extended to all schools preparing pupils for examination.

It may interest you to learn that, with one exception, most kind co-operation in the matter of inspection has been extended to the Society by all schools in London and the provinces accustomed to prepare their students for the Society's examination. Miss Gibson, who is known to you, is a certificated masseuse, and

was selected by the Council as being in all other ways fully qualified to visit and report on schools of massage for the information of the Council, who did not anticipate that the hygienic conditions of any school would call for inspection by a sanitary inspector.

The Council note and accept your resignation as a certificate-holder and member of the Society. There is no objection to your making this correspondence public, but the Council stipulate that it shall be published in entirety.

Yours faithfully,

(Signed) E. M. TEMPLETON
(Secretary).

Training School of Massage,
1, Thorncliffe Grove,
Oxford Road, Manchester,

Feb. 25th, 1915.

DEAR MISS TEMPLETON.—I am in receipt of your letter of the 18th inst. You say the Council regret I have declined to meet members of the Council known to me personally to discuss in a friendly and open manner the various points I have raised, and you insinuate that I am considering the matter from a personal point of view. This is precisely what I am *not* doing; it is decidedly an impersonal matter, and as such I saw no use in my meeting three or four members of the Council in a private manner. There is so much that wants thorough ventilation, and in order to obtain this, I have protested by resigning, not only as a member, but as a certificate holder of the Society.

One does not resign a certificate lightly, which has cost both time and money to gain.

I note the Council do not refute the allegations in my letter of Dec. 9th, as to the "list of recommended teachers" and "Election of the Council," and, therefore, I take it, the allegations are correct.

I challenge the Society to show any printed notice to members, asking them to propose members for the Council, *previous to January, 1915*. I am well aware of the paragraph you inserted in the January, 1915, number of *Nursing Notes*, but the chairman had already received my letter of Dec. 9th, and the inspector had already been sent by the Society to see me!

I think I am right in saying that for some time previous to 1912, no voting papers were sent to members, but members desiring to vote were requested to send to you for the "*Voting list*." Since 1912 a "*Voting list*," *prepared by the Council*, has each year been sent to the members (without a request from them), and the only privilege the ordinary members have had was to affix a X opposite the names of those *on the list*; but that is not giving the members the opportunity of nominating candidates for the Council. The names on the "*Voting list*" have always been *proposed and seconded by the Council*, so that the Council have virtually elected each other while the members have been invited merely to look on. Is it any wonder, then, that so few of the lists

have been returned? Doubtless members (especially those in the provinces), have been too disgusted with the farce of the elections to desire to take any part in them.

As regards the certificate holders undertaking to abide by all the rules and regulations of the Society, this is what the "Declaration" states: "I undertake to abide by all the rules and regulations of the Incorp. Soc. of Trained Masseuses *with regard to the duties and conduct of masseuses* (the underlining is my own), and three rules for the duties and conduct of the masseuse are laid down, which I have quoted in my letter of Dec. 9th.

I know of no other Society or Board which compels old members and teachers *already in practice* to come under new regulations in such an arbitrary manner. It is entirely opposed to all principles of fairness and justice. You know that the Council instituted an examination for teachers in Swedish Remedial Exercises, in 1913, and required teachers already engaged in teaching and who also held certificates for S.R. Exercises, to attend classes and to sit for this new examination, and in the case of teachers refusing to comply with these new requirements they were informed their students would not be accepted for examination. Was this not the reason for some of your old teaching members resigning a few months ago? And the Council took the first opportunity they could get to remove these old members from the roll of certificate-holders, according to the announcement in the papers—although I still see these members advertising as members of the Society.

You possibly know, when the C.M.B. Examinations were instituted, the practising midwives and teachers were exempt from the Board's examinations, in consideration of their already being engaged in *bona fide* practice.

If the Council's argument is that teachers would be incompetent to train students for the future S.R.E. Examinations, then surely the *results* of the examinations would be sufficient proof of this; always assuming that the examinations were conducted independently.

On November 13th last, the Council passed a rule prohibiting the insertion of advertisements of Schools (from whom they decline to receive candidates), appearing in their "Nursing Notes" Supplement. Against which Schools is this rule directed? Does it not throw out one of the oldest Massage Schools in England where candidates are examined by members of the medical profession, and where many of the old members and even some of the Founders of the Society were trained and certificated; and was this rule not passed because the School in question refuses to discontinue giving its own certificates (which it has done for more than 20 years I think), and declines to come under the new rules of the Society. You say in your letter "the resolution against the granting of private certificates by teachers who hold the Society's Certificates, was passed in the interests of the profession and in order to preclude the Masseuse of short training

from entering the field in competition with those fully qualified." What about the hospitals that continue to grant two and three months' massage training certificates? Has the Society refused to accept Students from them? Would these Masseuses not be entering the field of competition, and is this not against the interests of the profession, according to your own statements? No doubt the Council know quite well that the hospitals would not countenance such interference. But why then should the Society refuse candidates from a private School and especially from old established Schools on this score?

Now with regard to *Compulsory* Inspection. This was not passed by the Teachers' Conference at their meeting on June 7th last, summoned to co-operate with the Council, but was *proposed and seconded by two members of the Council at the Council Meeting on July 10th*, and it was at this meeting that the Council decided to refuse candidates from Schools that declined to come under inspection. How can you make out, then, that *Compulsory* inspection was passed at the Teachers' meeting on June 7th?

I have just one more point to take up and that is the "Syllabus and Time Table of weekly instruction." We were given to understand the idea of calling a teachers' conference was to give the teachers an opportunity of discussing among other matters, the drawing up of a new Syllabus that would provide a uniformity of training and a member was down on the Agenda to read a paper on the subject, but when we assembled at the meeting, we found the Syllabus *already prepared and printed AND DISTRIBUTED IN THE ROOM!* So that teachers had to accept that Syllabus and Time Table whether they found it possible to work or not. The Society may have consulted some London Teachers privately, but we in the provinces know nothing of this, and the member who was to read the paper expressed her surprise at the unusual proceeding but said she would, nevertheless, read her paper.

What was the object of inviting teachers to discuss a matter that had already been settled by the Council? It was not only a waste of time but a great expense, especially to teachers from a distance; but this, like compulsory inspection and other matters, is only another illustration of how the Council rules the Society, that is to say whilst ostensibly consulting its members, really acting on a course of action previously decided upon.

The Society whilst accepting the fees of Provincial candidates and members which have no doubt been of very material assistance to them, have put every obstacle in their way to make it difficult for them to obtain qualifications; and if they lose members and obtain a more limited number of candidates in the future for their examinations, they have only their past methods to thank for this.

Yours faithfully,

K. MARRIOTT FOX.

THE PASSING BELL.

KATHARINE HENRIETTA MONK.

Sister Katharine, of King's College Hospital, Lincoln's Inn Fields, London, was laid to rest on the afternoon of Wednesday, February 24th. The previous evening at 9 p.m., her mortal remains were taken to St. Paul's Church, Southampton, where a few mourners, her sister, Miss A. M. Monk, Matron of the Free Eye Hospital, and others, attended. The Vicar, Rev. P. Bowne, read the opening sentences of the Burial Service, and, preceded by a Crucifer, the casket was carried and placed in the chancel, surrounded by six tall candle lights. A few prayers were said and hymn sung.

The Vicar had kindly arranged for relays of watchers throughout the night, until 8 a.m. on the 24th, when a celebration of the Holy Communion was held.

The morning was bright and beautiful, the early rays of sunshine pouring through the East window lighted on the casket on which were lying the cross of lilies and violets from her own sister, a cushion of white flowers with large purple irises, and the word "Rest" in letters of moss, placed at her feet, from some of the former Sisters of King's, the tall cross of white with violets, and white tulips, &c., in profusion, and a similar smaller one from the present nurses at King's College Hospital who once worked under her.

The hymn "Jesus lives! no longer now can thy terrors, death, appal us," and "How bright these glorious spirits shine," were softly sung by choir boys.

Watchers remained throughout the morning up to 1.30 p.m., when the Funeral Service took place, the church then being filled with many friends of

her own and her sister's. The Voluntary, "O Rest in the Lord," was played at the beginning and end of the service, and the hymns were "Abide with Me," and "On the Resurrection Morning." The Vicar read the Twenty-third Psalm, and proceeded with the rest of the Burial Service, the "Nunc Dimittis" being sung.

On leaving the church the mourners were her sister, Miss A. M. Monk, her near relatives and friends, followed by three former Sisters of King's College Hospital, Sister Alice, Sister Mary, Sister

Caroline, and Nurse Cole, who with Nurses Ablett and Hawes of Southampton had shared in the privilege of nursing Miss Monk.

Nurses and members of the Staff of the Free Eye Hospital followed, with Miss Ray, the Matron of King's College Hospital, who represented the Staff of that Hospital, and many others.

On reaching the cemetery the Rev. P. Bowne read the Committal Sentences. The grave was lined with evergreens, the coffin of light, unpolished oak, bearing the simple inscription:—

Katharine
Henrietta Monk.
Born Jan. 2, 1855,
Died Feb. 20, 1915.
R.I.P.

Her own request had been that all should be done as simply as possible. Over fifty-three beautiful wreaths and crosses of all shapes in flowers and laurel were

sent by those who held a noble woman in deep affection and sincere respect.

A memorial service for the late Miss K. H. Monk was also held in the chapel of King's College Hospital, on Wednesday, February 24th, which was attended by the Home Sister, the Matron of No. 4 General Hospital, T.F., Miss Scovell, with Sisters and nurses of the Territorial Staff, and a large number of the present staff of the hospital. Other Matrons, Sisters, and Nurses trained under



THE LATE MISS KATHERINE H. MONK.

Miss Monk were present, but it was unfortunately impossible for many who would have liked to be present to arrange to attend, owing to the short notice which could only be given.

The Committee was represented by Colonel Fellows, and the Medical Staff by Dr. Dalton, Dr. Silk, Mr. Carless and Mr. Legg. Dr. John Phillips was unable to be present through illness, and the Matron of the hospital, Miss M.L. Ray, attended the funeral at Southampton.

The service was choral, and included two of Miss Monk's favourite hymns—"God that madest Earth and Heaven," and "On the Resurrection Morning," which brought vividly to the remembrance of many present a picture of their late beloved Matron seated at the organ in the old chapel in the hospital in Lincoln's Inn Fields, which she frequently played at evening prayers.

A grievous tragedy occurred at the Southend Sanatorium last week when Miss Elizabeth Ellen Daly, a nurse, aged 26, lost her life. She was on night duty and preparing her food as usual about 4 a.m., slipped at the fireside when her clothes caught fire. Rushing to the bathroom she jumped into the bath, turned on the taps, and rolled over and over until the flames were extinguished. She returned to duty till relieved by the day nurse four hours later. She then collapsed, and death followed from shock. A verdict of Accidental Death was returned.

This poor girl's courage and sense of duty are undeniable, but surely there was another nurse on duty at the Sanatorium who could have at once relieved her, and thus given her a chance of recovery.

"KHAHI."

A new monthly magazine, *Khaki*, price 6d., is issued from Imperial House, Kingsway, London, W.C., the object of which is to supply, as a gift, the Overseas Troops with literature and news from home, the latter being contained in the Cabled News Supplement. *Khaki* is not a commercial enterprise, being a purely patriotic endeavour, but because of its great general interest it is being put on sale throughout the United Kingdom and the Overseas Dominions, and the revenue so obtained will be devoted towards defraying the heavy cost of supplying a magazine so beautifully illustrated, interesting and well got up, free to the troops. The March number has an excellent coloured portrait of the King on the cover.

DEFENDERS OF THE EMPIRE.

Messrs. Raphael Tuck & Sons, Ltd., of Raphael House, Moorfields, City, have brought out, and are selling for the benefit of the Prince of Wales' National Relief Fund, a beautiful "Oilette" picture entitled "Defenders of the Empire." The price is 1s. 6d., or as a Zag-zaw Puzzle, 10s. 6d., or on a gilt edged postcard 1d. The Fund has already benefited to the extent of £1,000.

TRUE TALES WITH A MORAL.

The following story is sent to us by an eminent West End specialist, who vouches for its truth:—

Nurse A, a close friend of Nurse B, was trained at a (not *the*) London Hospital, was a Ward Sister there, and then became Theatre Sister at another London hospital. She next was appointed Matron of a hospital in Nigeria, and, lastly, Matron of a provincial hospital in England. When the war broke out, or soon after, she thought she would like to join the Red Cross, so, taking Nurse B with her, she went to Devonshire House. After detailing her experiences to a fashionable lady in charge, the latter asked her "if she was fully trained?" Naturally amazed at this stupidity, she said to Nurse B: "We'll go off to —; perhaps we shall find someone with a little sense there." At — a nice lady with a gold lorgnette saw her and heard all she had to say. Then she said: "And so you want to nurse our dear soldiers?" "Yes," replied Nurse A; "that is why I came here." "How very nice," said the dear lady. "*Have you got the C.M.B.?*" This was too much for Nurses A and B, and for a moment they were speechless. Then Nurse A replied: "Unfortunately, no. I knew you expected a great deal of the British Tommy, but I did not know you expected as much as that!". Needless to say, Nurse A is *not* on the Red Cross list.

COMING EVENTS.

March 6th.—National Council of Trained Nurses' Meeting, 431, Oxford Street, London, W. 4 p.m.

March 9th.—Sessional Meeting Royal Sanitary Institute. Discussion on "Maternity and Child Welfare Schemes," opened by Dr. E. W. Hope, D.Sc., Medical Officer of Health for Liverpool. 90, Buckingham Palace Road, S.W. 7.30 p.m.

March 11th.—Monthly Meeting, Central Midwives Board. Caxton House, Westminster. 3.30 p.m.

March 11th.—Annual Meeting, Association for Promoting the Training and Supply of Midwives, 75, Barkston Gardens, S.W. 3 p.m.

March 11th.—"The Soldiers' Feet, and How to Protect them." Lecture by Mr. A. H. Tubby, F.R.C.S., Institute of Hygiene, 33, Devonshire Place. 3.30 p.m.

March 12th.—Penal Board, Central Midwives Board, Caxton House, Westminster. 11.30 a.m.

April 13th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Lecture on "Burns and Frost-bite." Dr. Mabel Crawford. 7.30 p.m.

WORD FOR THE WEEK.

"Love is better than spectacles to make everything seem great."

SIR PHILIP SYDNEY.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

A SAFEGUARD TO THE PROFESSION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As an Australian nurse, and a subscriber to your journal, I would like to express my gratitude to Mrs. Bedford Fenwick for her fine stand and interest on behalf of certificated nurses in England during the great crisis at the outbreak of war. Though I am far away I duly appreciate her action.

I should think most, if not all, certificated nurses among you will now be able to see what a great advantage and safeguard to their profession Registration will be.

The medical profession has not suffered in the way the nursing one has, as, being registered, only those legally qualified can act as a medical officer, either in England or the hospital's abroad, whilst it seems as if any woman, without practical experience, was considered capable to nurse the sick and wounded soldiers.

Here our Defence Department has been most loyal to the Royal Victorian Trained Nurses' Association, and every one of our Army Sisters who has gone with the hospital ships or the troops is a fully trained, and certificated nurse, and a member of our Association. The same applies to the Australasian Trained Nurses' Association and its branches in our other States.

I trust Mrs. Fenwick's efforts upon behalf of Registration for Nurses will soon be crowned with success.

I am, faithfully yours,
Melbourne. GRETTA LYONS.

[In this connection it should be understood that all members of Q.A.I.M.N.S. and the Reserve are thoroughly trained nurses, also all those selected as members of the Territorial Force Nursing Service. Our strong objection is to the system whereby the War Office has delegated its responsibility to a voluntary society (the British Red Cross Society) for the standard of nursing to be maintained in auxiliary military hospitals which nurse sick and wounded soldiers. We claim, and shall continue to do so, that from the day a recruit enters the Army until the day he is retired the care of his health is the special duty of the Army Medical Service at the War Office, and that just as only qualified members of the medical profession are responsible for his medical treatment, so the application of all nursing treatment ordered should be in the hands of thoroughly trained, certificated nurses; moreover, that the wearing of nurses' uniform should be restricted to women so employed in military hospitals. At present cooks, kitchen-maids, hall porters, wardmaids, laundry maids, orderlies, and women employed in

other domestic avocations (quite honourable work, but not skilled nursing) are permitted to assume our uniform, encouraged directly by the present system in force recognised by the Army Medical Service. It is monstrously unjust. Of course, it is the inevitable result of the lack of legal status for the nursing profession through State Registration. Trained nurses are domestic servants according to the law of the land, and until they combine to gain just legal status and protection they will be professionally ignored even by Government Departments, such as the War Office, which would crumble into dust if the skilled services of trained nurses were not utilised in regular military hospitals "along with the lint and the bandages." We beg trained nurses to realise their present invidious position; perhaps its economic disadvantages will bring it home to them. During their term of work in Brussels (practically as German prisoners) they received the salary of £1 a week; the young registered medical men employed were in receipt of a salary of £1 a day. If the Australasian Associations of Trained Nurses would hurry up and substitute legal for voluntary Registration throughout the Commonwealth it would be an immense help to registrationists at home. Surely, with the power of the vote, nurses in Australasia possess the lever to attain just legislation.—ED.

A QUID PRO QUO.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Our Matron, much against her sense of duty to our training school, is to be compelled to admit voluntary aid workers for a few weeks' training, thus disorganising our ward work. Do you consider we regular probationers have a right to resign? Several of us feel like it.

Yours truly,
A LANCASHIRE LASS.

[If your matron sympathises with the rights of the regular probationers in this matter, we advise you not to resign, but to do all in your power to sympathise with her and see that the routine of the school is as little depreciated as possible.—ED.]

AN INDIGNITY TO WOMEN.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I hope you will find space to insert the following letter, which appeared in the *Globe* signed "Paterfamilias." Presumably it is true, and if it is, it is an indecent shame, both for the helpless and insensible women and the boys admitted to the operating theatre. Which hospital is alluded to? Why is its name not given and a public protest made possible?

The following is the letter:—

SIR,—No woman, particularly those who are mothers of our boys, could fail to be disgusted with one at least of the methods adopted for the training of stretcher bearers in our new armies.

A young relative, belonging to one of the Public School battalions, has to-day been taken, with a number of other recruits, to the operating theatre of

one of the principal London hospitals, where they witnessed three severe abdominal operations on women, and a fourth for removal of a tumour in the breast. It is not surprising that some of the youthful onlookers fainted, but if it is necessary for stretcher bearers to become accustomed to ghastly scenes, it would surely be more in keeping with their prospective duties in the field to take them to the male accident wards of our larger hospitals, rather than allow them to witness operations upon women, which in the case of young boys of nineteen to twenty years of age is, to say the least, most indecate.

If the parents of boys would join in protesting against such "training," possibly those responsible for it would see the error of their methods.—I am, Sir, your obedient servant,

PATERFAMILIAS.

Can nothing be done to express our indignation ?

Yours truly,

MARY C. ALLEN.

THE MATERNAL INSTINCT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Your article on the "Maternal Instinct" has interested me very much, but also it has appalled and distressed me. Poor little babies! They are as innocent as their mothers, and while deeply sympathising with the latter and remembering the awfulness of their position, I cannot think the children should be murdered. In many cases, perhaps, in most it may be right to relieve the poor mother of the task of bringing up her child, but surely the murder of the innocent can never be justifiable. If care by the nation goes for anything these children should be physically very fit, as Germany for years has studied everything for the well-being of her Army, and for morals I have always believed training and association are stronger than inheritance, beside which they have at least an average of good morals on the mothers' side. I am quite sure if I had not to earn my living in other people's houses I should have no fear in adopting one of these poor unwanted babes and have no doubt I should love it as one always does a child who, through no fault of its own, is getting less than its share of love from the rest of the world.

I am,

Yours faithfully,

E. M. DICKSON.

Kenilworth Avenue,
Wimbledon Park, S.W.

Our correspondent refers to the view held by responsible persons that the production of abortion is justifiable in the terribly sad cases in which women and girls have become the unwilling victims of German lust.—Ed.]

POOR PRIVATE PATIENTS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—The following qualifications are advanced by a candidate for general training: "I have had six months' experience in a nursing home, and I am doing a little private nursing now."

MATRON GENERAL HOSPITAL.

[Nothing but State Registration will protect the sick from exploitation by the unqualified.—Ed.]

ANOTHER TRUE TALE WITH A MORAL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The following episode may interest you and throw some light on the modern nursing question. A Superintendent Nurse asked her staff to contribute to the Nightingale Chair; one nurse replied she thought it rather a lot to give for a chair, which could be got very cheap anywhere!

Yours faithfully,

E. E. PLEASE.

Felixstowe.

We have received a letter from Miss Cox Davies, a member of the Army Nursing Board, touching on our discussion with the Chairman of the London Hospital on Military Nursing. We regret that, as it takes a column and a-half of space, we are compelled, with several other letters, to hold it over until our next issue.

NOTICE.

A course of lectures for Trained Nurses will be given in connection with the Training School for Tuberculosis at the Royal Hospital for Diseases of the Chest, City Road, E.C., which will include Demonstrations in Tuberculosis Work. For particulars of the course, which will begin on March 30th, application should be made to the Matron of the hospital. Now that so many nurses are taking up work as Health Visitors, Tuberculosis Visitors, School Nurses, District Nurses, and Sanitary Inspectors, experience of this kind is specially valuable.

OUR PRIZE COMPETITION.

March 13th.—What are the special points to be observed on receiving a patient for admission to a hospital or infirmary ward?

March 20th.—Show how a nurse may be a "carrier" of infection from one patient to another.

March 27th.—What are colds?

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

NEW SUBSCRIBERS.

The Editor hopes that every reader who values THE BRITISH JOURNAL OF NURSING will encourage her friends to subscribe for it, so that its constructive work for the profession may receive ever increasing support. Don't forget that it is the only weekly journal edited by a trained nurse, and which supports (1) an efficient standard of Nursing Education, (2) State Registration of Nurses, and (3) Just Economic Conditions for Nurses.

The Midwife.

PUERPERAL ECLAMPSIA.

Dr. C. E. Purslow, Lecturer on Midwifery, University of Birmingham, in opening a discussion on the above subject at the Midland Medical Society on January 27th, as reported in *The Lancet*, said in part :—

For the purposes of this discussion I will divide the subject into the following sections: I., Prophylactic Treatment; II., Treatment of the Fits and of the Toxæmia; III., Obstetrical Treatment.

I.—PROPHYLACTIC TREATMENT.

As regards prophylactic treatment there can be no doubt that in many cases in which the disease is threatened it can be warded off by appropriate means, and success depends on an early recognition of symptoms of the pre-eclamptic state; these are numerous, but I should say that the most constant and important are: albuminuria, persistent headache, and cedema. Other symptoms may be disturbances of vision and hearing and vomiting. One prodromal symptom which is not common, but which when it occurs is, in my opinion, of most unfavourable prognostic import, is severe epigastric pain. The albuminuria associated with eclampsia in which there is usually a large amount of albumin present, is practically confined to the latter half of pregnancy, cases of eclampsia before then being rare. Pronounced albuminuria in the later months is a dangerous complication for both mother and child, and the danger of the condition is greatly increased by the fact that it is so often unrecognised and untreated until the sudden onset of a convulsion calls attention to the case.

It should be made a rule to examine the urine of every pregnant woman in the latter half of pregnancy, and the examination should be repeated at intervals, shorter as full term approaches; if this rule were adhered to the death-rate from eclampsia would be greatly reduced. It should always be borne in mind that a haze of albumin may be due to mixture with vaginal discharge, so that if albumin is present in the specimen passed by a patient we should never base a diagnosis or treatment on that, but should examine a catheter specimen. If, on the other hand, there is no albumin in the specimen voided by the patient it will not be necessary to pass a catheter. If albumin is present a microscopical examination and an estimation of urea are advisable. Statistics show that this disease is more likely to occur in primipare, and in my experience it has seemed that its occurrence was more to be feared in well-developed women who had been in the habit of taking a large amount of exercise and eating much solid food.

II.—TREATMENT OF THE FITS AND OF THE TOXÆMIA.

The practitioner is generally sent for as soon as a fit has occurred, and in some cases it will happen

that there will have been no prophylactic treatment because the patient had not been under medical care, and neither she nor her friends will have suspected that anything was wrong until they are alarmed by the occurrence of a fit. The patient should be at once put to bed in a darkened room and preserved from all external causes of irritation as far as possible. An efficient nurse should be obtained, and she should be instructed that if another fit comes on the patient should be watched carefully to see that no harm befall her, as by suffocating in the bedclothes or falling out of bed. During the fit a piece of wood should be placed between the teeth to prevent the tongue being badly bitten. It is a good plan to place one side of the bed against the wall, as the nurse can then more easily control the patient. During the coma which follows a fit the head should be brought to the edge of the bed and turned well over on one side so as to allow saliva to escape and prevent it entering the trachea.

If the patient is able to swallow she may be given water, but no food, not even milk, should be given. A quickly acting aperient may be given, and one of the best is croton oil 2 minims, made up with powdered sugar and placed on the tongue; in addition a copious enema of soap and water may be given, and when this has acted a further rectal injection may be slowly given of 4 ounces of water containing 2 ounces of sulphate of magnesia. If the apparatus is at hand it is also well to wash out the stomach. Punctures to the loin probably encourage action of the kidneys, and at all events can do no harm. I am not in favour of hot-air baths. One of the few methods, in addition to purgation, upon which almost all writers are agreed is the administration of subcutaneous or intravenous injections of saline; chloride of sodium 1 dram to the pint, or, better still, 1 dram each of chloride and acetate of sodium; the salt may be obtained ready for use in glass containers, and Horrocks's small saline infusion apparatus is in my opinion the best and simplest, and should be carried in every midwifery bag.

III.—OBSTETRICAL TREATMENT.

Personally, if labour has started and can be terminated quickly under an anæsthetic by forceps I should not hesitate to interfere, but the difficult cases are those in which severe eclampsia is in progress, fit succeeding fit, with no lucid interval, and in which there is no sign of labour, the os remaining closed and the cervix not taken up.

I have treated cases of this kind on both the expectant plan and on the lines of active interference. In an article on the treatment of eclampsia which I wrote three years ago for Latham and English's "System of Treatment" I stated that, on the whole, I thought that the results from interference were slightly better than

those obtained when no steps were taken to evacuate the uterus; since then, as a result of further experience of the policy of non-interference, I am inclined to modify those views.

MATERNITY AND CHILD WELFARE SCHEMES.

Midwife Madeline E. Rossi, of the Royal Maternity Charity of London, will speak in the discussion on Dr. Hope's paper at the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W., on Tuesday, March 9th. Tickets of admission for visitors may be had on application to the Secretary, at the Institute.

THE TRAINING AND SUPPLY OF MIDWIVES.

The eleventh Annual Meeting of the Association for Promoting the Training and Supply of Midwives will be held by the kind permission of Miss Lorent Grant, at 75, Barkston Gardens, S.W., on Thursday, March 11th, at 3 p.m. The chair will be taken by Mrs. Humphry Ward, and a short address on "The Present Position of the Midwife" will be given by Miss S. M. Glass, Inspector Q.V.J.I.

THE BRITISH HOSPITAL FOR MOTHERS AND BABIES.

The amalgamation of the British Lying-in Hospital from Endell Street with the Home for Mothers and Babies at Woolwich is now complete, the scheme having been sealed by the Charity Commissioners on January 29th.

The freehold of a site just under three acres in extent at Woolwich has been purchased, on which the new Charity hopes to build, with as little delay as possible, a hospital for the reception both of lying-in patients and patients suffering from any kind of complications relating to maternity, either before or after child-birth.

The Committee has already £12,000 in hand for the purpose, but double this sum is needed before the project can be carried into full effect. The hospital is to be known as the British Hospital for Mothers and Babies, and will serve as a National Training School for Midwives. The period of midwifery training will be as follows: To fully-trained candidates or those who have had not less than a year's general training, six months; to untrained candidates, one year; for monthly nursing, fully trained candidates or those with a year's previous training in general nursing may take a course of three months only; to untrained candidates the minimum course is six months.

It is well known that many nurses trained at the old British Hospital must hold it in honour and regard, and will be glad to think that it has not passed from usefulness but is taking its place in the movement for the higher training of midwives. If such nurses would care to help in raising the new building, contributions of 1s. or upwards will be thankfully received by the

Matron, Mrs. Parnell, or the Hon. Secretary, Miss Alice Gregory. Such contributions can either be sent for the General Building or the Nurses' Chapel Fund, towards which more than half of the necessary sum has already been received. They will be marked "Endell Street Nurses' Fund." If every nurse who has been trained there during the last twenty years would give 1s. it would be possible to build or equip some corner of the new hospital as a permanent memorial of its parent institution, the oldest maternity in London.

MATERNITY HOSPITALS.

A number of Maternity Hospitals have recently held their annual meetings, and it is interesting to observe how the war affects them.

At Queen Charlotte's Hospital 160 wives of sailors and soldiers have been admitted, free of charge, as well as a number of Belgian refugees, and 218 of the former have been attended in their own homes.

At the Leicester Maternity Hospital 50 wives of sailors and soldiers have been admitted, and the first Belgian refugee baby born in Leicester was born in the Infirmary.

At the Annual Meeting of the Nottingham Mothers' and Babies' Welfare Dr. Boobyer, the Medical Officer of Health, spoke of the paramount importance of preserving the infant life of the nation. "We must not hear any more of falling birth-rates now," he said; "we can't afford it." Speaking of a maternity hospital which it is proposed to establish, he said that it would contain an out-patient department for the special treatment of children up to five years of age.

At the annual meeting of Governors of the Brighton and Hove Hospital for Women it was stated that notwithstanding the unforeseen changes, and new conditions which had arisen in consequence of the war every exigency had been met.

THE DECREASE OF INFANT MORTALITY.

At a meeting of the New York City League for Nursing Education, of which Miss M. A. Goodrich is President, held jointly with the New York County Association, Dr. C. E. A. Wislaw, of the Publicity and Education Division of the State Department of Health and of Teachers College, spoke of the various avenues of work for nurses in connection with the Department's campaigns to remedy the conditions of ignorance as to right living, causes of disease, &c., and said that an increasing number of nurses were taking up this work, and that the decrease in the infant mortality rate was largely due to the work of the nurses in the Infant Welfare Stations. Each mother giving birth to a child in New York State now receives a baby book containing instructions for the proper care of the infant. Dr. Emerson, Deputy Commissioner of Health, who spoke on the City Organisation of Public Health, gave nurses the credit of bringing to the attention of the factory owners the dangers and results of dangerous trades.

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EDITORIAL.

EMOTIONAL DEVELOPMENT.

The training of young children is a duty often devolving upon members of the nursing profession, for those responsible for their welfare rightly consider that the physical well being of delicate children is best ensured by placing them under the supervision of trained nurses.

No woman, however, who appreciates her responsibility can be satisfied with merely maintaining her charges in a state of physical fitness. Their moral development must also be her constant care.

A large and appreciative audience of women attended the 6th of the "Advanced Course of Lectures on Infant Care," at the Royal Society of Medicine. This one was the second of two delivered by Dr. Forsyth, F.R.C.P. The lecturer had evidently studied deeply the important subject of the psychology of the child. In due gradation, and very sympathetically he traced the influences and impressions of childhood, and the development of the mind. Emphasising the importance of early training, he said that the child's character began to form at the outset and that therefore it was never too early to commence moral training, which corresponds with the emotional side of the child's nature. He dealt with the subject from two main aspects, namely:—

1. What was passing in the child's own mind.

2. Consideration of the influences external to the child.

Among the special points to be borne in mind he laid stress upon the essential truth that in order to understand children, one must know how to put oneself in their place. They are possessed of greater sincerity than adults, because they have not acquired any prejudices, therefore the parent or teacher must empty her mind of prejudices. It is a curious fact that although

the first four years of life are the most emotional, the impressions received cannot be recalled, except by suitable means. The lecturer alluded to psycho-analysis as the suitable means.

The early fancies of young children are of a crudely sensuous animal source at the outset. Imagination is a strong force in the character of the child. Dr. Forsyth appeared to think that a child was more imaginative than adults realised, and this resulted sometimes in the misunderstanding of the child, and at a period when sharp conflicts are going on, he is apt to be too severely judged by others.

Dr. Forsyth touched upon several interesting points in connection with the affections of the child. It is a common thing for children to be attracted by the parent of the opposite sex, and he pointed out that when this is very strong, and should the parent prove unworthy, it is a great shock to the child, but does not necessarily alienate the affections. Jealousy and fear are two other great influences of the child's mental development. It was explained that the jealousy in the first born was usually first aroused when another was born, and consequently the psychology of the first born differs from the psychology of the others. In dealing with the influence of fear, the lecturer spoke of that common fear of the dark, and gave the following explanation:—Children when left alone to go to sleep, go over the experiences of the day, they re-enact them; should they be pleasant, no harm is done, but should they be otherwise, imagination increases the fear. Every phase of the child's mind, and every stage of its childhood and youth were touched upon by the lecturer, who occasionally punctured his remarks by apt illustrations. It is interesting to note that in this "The Century of the Child" the necessity of the study of its psychology, so long neglected, is now being practically realised.

OUR PRIZE COMPETITION.

WHAT ARE THE SPECIAL POINTS TO BE OBSERVED ON RECEIVING A PATIENT FOR ADMISSION TO A HOSPITAL OR INFIRMARY WARD?

We have pleasure in awarding the prize this week to Miss Maria Tobin, Kensington Infirmary, Marloes Road, Kensington, W.

PRIZE PAPER.

On admission of a patient to a hospital or infirmary ward, many points should be considered which are of great importance to the doctor and the subsequent treatment of the case:—

1. The position in which patient is lying, if carried into the ward, should be observed.
2. Note if the patient be conscious or not; examine the pupils of eyes, if there is any doubt whether the patient is dead or alive.
3. The nurse should, as soon as possible, take the patient's temperature, pulse, and respiration, noting the force and frequency of pulse, whether the temperature be normal or otherwise, and the respiration if it be quickened or distressed.
4. Examine the body, and report any scars or any deformity whatever, also whether the patient is fully developed or not, any limbs missing, whether clean or dirty, all should be carefully observed and reported.
5. The nurse should carefully examine the skin and tongue to see if there be any rash, swollen glands or tonsils, dyspnoea, cough. A false membrane requires the doctor's attention at once.
6. Discharge from the eyes, ears, or nose, and a drawn appearance of the face, should be noted.
7. If patient's temperature is sub-normal, with vomiting, or pain, do not begin to wash him, but send for the doctor. The patient may have strangulated hernia, gastric ulcer, or peritonitis.
8. If there is cough with stained sputum, the patient may have pneumonia. The nurse should be careful in this case that patient is not subjected to a chill.
9. Note if there be squinting, retraction of head or abdomen, arching of spine, clenching of teeth, limbs rigid or relaxed. These may be symptoms of convulsions, meningitis, or tetanus. In the latter case examine patient for wounds or cuts by which the tetanus bacilli may have entered.
10. Examine the abdomen, upper and lower limbs and face; puffiness round the eyes is sometimes a sign of dropsy.
11. Vomiting, headache, rigors, should be noted. The patient may be incubating an in-

fectious disease. Report the nature of any rash, if there be one, as this is a guide to the disease.

12. Note if the patient be sane or insane. If insane, see if there be delusions, or illusions, or hallucinations.

13. If the patient is a bad heart case, or any of the above symptoms are apparent, or internal hæmorrhage is going on, the nurse should be very careful to keep the patient quiet until he is in a fit condition to move. It is a mistaken idea to begin by bathing the patient in some cases. Always ask the doctor first if he considers the patient fit to be bathed.

14. If the patient is sensible, ascertain name, age, and address. Any money or other valuables found on his person should be written down and given to the Steward of the institution.

The nurse can help greatly by keen observation and careful reporting of everything she thinks necessary when a new case comes to her ward.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Harding, Miss Trattles, Miss A. Wharton, Miss G. Nash, Miss F. Sheppard, Miss H. M. Springbett, Miss F. MacMahon, Miss P. O'Connor, Miss D. Vine.

QUESTION FOR NEXT WEEK.

Show how a nurse may be a "carrier" of infection from one patient to another.

SHELL FUMES AND PNEUMONIA.

An interesting report has been made by a naval surgeon in regard to the effects of the fumes of a burning shell in producing acute pneumonia, which as a rule proves fatal. He attributes this to the nitric peroxide produced by the explosion, and says that the gas is rendered harmless by passing through a moist cloth. Sir William Ramsay writes that he has consulted a worker in bleaching powder chambers, who gives the following advice:—

1. To guard against a sudden exposure to gas, wet a handkerchief, or any bit of cloth, wring it out well; stuff it in the mouth and breathe in through it; breathe out through the nose.
2. If there is time (and this applies specially to those going into that part of a trench where an explosion has occurred, to help the wounded), place a triangular piece of flannel, soaked and wrung out, over the mouth, and wrap a handkerchief round the mouth and neck so as to hold it in position.

WITH A FLYING COLUMN OF THE RUSSIAN RED CROSS.

MISS VIOLETTA
THURSTAN.

"What made you think of going to Russia?" I asked the question of Miss Violetta Thurstan who, in the practical, if severe, uniform of a Russian Red Cross Sister, sat by an English fireside, looking a little frail after her recent experiences but as delighted to have had her place, both east and west, in helping to alleviate the misery and suffering in this terrible war, as she was when she called at the office of the National Council of Trained Nurses of Great Britain and Ireland, in August last, to report that she had been chosen to superintend a party of nurses being sent out to Belgium by the Order of St. John of Jerusalem.

Miss Thurstan's experiences in Belgium have already been related in this journal. She was one of the party who, through the good offices of the American consul, were permitted to return home *via* Cologne and Copenhagen, instead of being imprisoned until the end of the war.

In reply to my question, she said: "When we got to Copenhagen, there was a rush for newspapers, and amongst other things I read a long account from Russia, in which the awful distress in Poland was described, the sickness, and the sufferings of the refugees. Poland was called the Belgium of Russia, and I thought that, as



MISS VIOLETTA THURSTAN.



THE ORDER OF ST. GEORGE FOR VALOUR.

I had been turned out of Belgium, perhaps I was intended to go to Poland."

"And how did you get there?"

"I had an invitation while in Copenhagen to meet Prince Gustav of Denmark—a nephew of the Empress Marie Feodorovna of Russia, and sat next to him at dinner. He promised me an introduction to Her Majesty, who is the head of the Red Cross in Russia, and was as good as his word. When Miss Greg and I, and two other trained nurses, arrived in Petrograd, we were summoned to the Empress's Palace, and received by Her Majesty in her boudoir, when she was most gracious and charming."

Miss Thurstan is an excellent linguist, and finding herself very handicapped without a knowledge of Russian, she spent every spare minute in studying this difficult language, going about with a note-book in her pocket, and jotting down new words which she heard each day.

She and her companions were soon sent to Warsaw. They previously received much kindness from the British Colony in Petrograd, who presented them with sheepskins.

For a short time she worked in a Red Cross Hospital, designed for 500 beds, but which had speedily to accommodate 1,000; and patients were lying all down the corridors. The Matron of the hospital was Sister Ivanoff, who was an excellent organiser. She had had two years' training, and had also worked in the Russo-

Japanese war. Miss Thurstan spoke appreciatively of the Russian surgeons, whose methods are excellent and aseptic. The dressings are also well done by the nurses, and they are very good to their patients, but they do not understand nursing in the English sense.

The head of the Red Cross for the second Russian army is M. Goochko. He is a great person in Russia, and has been Mayor of Moscow and speaks English perfectly. After three weeks in the hospital, Miss Thurstan and Miss Greg were transferred to the flying column attached to the second army. The first duty allotted to the column was to take over the military hospital at Lodz. The flying column travel very light and are supposed to be able to do anything—great or

The wounded men were passed on as quickly as possible—once the column dealt with 750 in the 24 hours. On that occasion the hospital had been set up in a station master's house, the German battery was on one side of the line and the Russian on the other. Shelling was going on all the time, and the hospital dare show no light, as it would at once have drawn fire. Operations were done on the ground floor, by the light of candle ends in bottles. On the upper floors, the wounded, the dying and the dead lay together.

Then orders came to move further down the line—to Skieniowice. Here the wounded were housed in the Czar's private theatre and lay on the stage between the scenery. They had



A FLYING COLUMN ATTACHED TO THE SECOND ARMY.

small—day or night; they may either be sent to relieve, or to make a new dressing station—it may be in a barn, in huts, or in tents.

The column has, to aid it, a fleet of five motor cars which carry both the staff and their equipment to their destination and are then used to convey the wounded to hospital. Prince Wolkonsky superintended the motor transport in this instance, and Count Arnoldi worked under him. The staff consisted of a Surgeon, and two medical students, Miss Thurstan, in charge of the nursing department; two Russian Sisters, Miss Greg, and Princess Wolkonsky, who acted as a probationer, the Prince's soldier servant Juhan, who foraged and cooked; and orderlies drawn from the Red Cross dépôt.

to move very quickly from this place, but they took all their patients, and the whole of their equipment; they left nothing behind except two dead men, and they would not have left them, but there was not time to bury them before the Germans entered the town.

The Flying Column did not often get back to Warsaw, when it did it was a great treat to the staff for they got baths and food. The Russian service for the care of the wounded is improving, sometimes the conditions are good, but organization is needed. "One could do so little," Miss Thurstan says regretfully, "we were so few, and the wounded so many." Even wounded civilians came to the dressing stations for treatment.

AN INTERESTING NIGHT OFF.

One night when some of the staff had a night off, a Siberian Captain, with a special permit from the General, took Miss Thurstan, the doctor, and a Russian Sister to the front trenches. They started at 10 p.m. and got back at 5 a.m. A very German attack was going on, and the bullets falling like hail. Crouching down they watched the attack. When there is a bayonet attack the Russians score, as their bayonets are two inches longer than those of the enemy. The men in the front trenches were wearing masks, as the Germans have now begun to throw vitriol.

she still dreams of the bomb which dropped at her feet unexpectedly from a Taube, as she was walking along the road at Radziwilov, totally unaware of the presence of the enemy. Mercifully the road was very muddy and the bomb sank into the mud and exploded upwards. Had the road been hard she must inevitably have been killed. As it was the soldiers who rushed forward to pick up the pieces, found her standing at the edge of the hole it had made.

It may interest our readers to know the Christmas menu enjoyed by the members of the flying column. It consisted of roast horse, boiled



PRINCE IMERETINSKY. QUEEN ALEXANDRA. PRINCESS VICTORIA. PRINCESS ROYAL. PRINCESS MAUD OF FIFE.
MOTOR AMBULANCES FOR RUSSIA INSPECTED AT MARLBOROUGH HOUSE BY QUEEN ALEXANDRA.

Miss Thurstan found her visit to the trenches and positions (*i.e.*, the points where the guns are placed) most interesting—well worth a night's sleep. The dug-outs, just behind the trenches are, she says, very comfortable. It was while dressing a wounded man under fire one day that she felt a stinging pain in her own leg, and from the subsequent bleeding realized that she had been wounded, the wound, happily a flesh one, was found to have been caused by shrapnell; she makes light of it, but owns that

potatoes, an ancient currant cake, specially kept for this feast by one of the party, and some punch, made of a teaspoonful or two of brandy, a pint of water, and a lump of sugar.

On the train the Sisters only had what they carried with them. Food was not scanty, there was plenty of black bread, and other food, but no butter or eggs. They once for two days had only bread and tea—no milk or sugar. "just tea"—"but that," says Miss Thurstan, "was our own fault, as we knew we should only

have what we took up. Personally, I never felt hungry."

It is not surprising that, with the strain of the work, the effects of her wound, and an attack of pleurisy resulted in her being advised to take a rest at the end of four months, so she came down to Petrograd (a three days' journey) and then through Finland and Lapland, where she was within 10 miles of the Arctic circle, down the coast of Sweden to Bergen. In Sweden she says that the feeling is very antagonistic to this country, though not so strongly as it was on her way to Russia, when, having engaged beds at an hotel, she was refused admission when it was known that she was English. At Bergen she went on board a Norwegian boat bound for this country, but the Norwegian crew would not sail, and finally a Finnish crew were engaged. They travelled with the boats slung out, and each provided with a keg of water, a barrel of biscuits, an oil lamp, a keg of kerosene, and an extra oar. Each passenger was supplied with a life belt. After a fifty-hours' journey they at last reached Newcastle. Even then they were not allowed to land until an Aliens' officer had been on board, and when he had finished the Customs officer followed. It is not easy to get into this country nowadays.

FOR VALOUR.

Before leaving Russia Miss Thurstan was honoured by the award by the Czar of the Order of St. George, a military decoration given "for valour." In our portrait she appears wearing the Order, with the obverse side uppermost, showing the effigy of the Czar and bearing in Russian the words "Nikolai II, Emperor of Russia." On the reverse, illustrated on page 207, the words signify "For Valour." The ribbon from which the Order is suspended is orange and black. The small medal is the Marie José Medal, the gift of the Belgian Red Cross Society.

Miss Thurstan has many incidents of interest to relate, and in the words of Sir Claude Macdonald in reference to other nurses, "I have listened to the narrative of her adventures, simply and modestly told, with feelings of great pride of race, which I am sure will be shared by Britons all the world over." But I must restrict this interview, as Miss Thurstan has herself written a book which will shortly be in the press, and which must not be anticipated. It will be eagerly awaited by those who know that her literary ability equals her professional skill.

M. B.

MOTOR AMBULANCES FOR RUSSIA.

Queen Alexandra, at Marlborough House, last week, inspected a fleet of motor ambulances, composing the first unit raised by the City of London, for presentation to the Russian Cavalry. They will be despatched immediately in charge of Prince Imeretinsky, who will present them to the Empress.

THE NATIONAL COUNCIL OF TRAINED NURSES.

A meeting of the National Council was held at the office, 431, Oxford Street, London, W., on Saturday, March 6th, Mrs. Bedford Fenwick, President, in the chair.

THE INTERNATIONAL COUNCIL MEETING.

A letter was received from Miss L. L. Dock, Hon. Secretary, International Council of Nurses, New York, in which she wrote:—"You may imagine how much of disappointment and affliction it is to us to be compelled to give up our plans for International Day. But we have felt it is necessary; we have had so general an opinion that it was advisable, that the American Councillors and Miss Goodrich, President, have decided to write officially to the members to this effect. New Zealand, India, Denmark, Holland, are unable to send delegates, and we learn that Sister Agnes Karll, Germany, has given up all thought of the Congress. . . . Whilst this terrible War rages it would seem a mockery to try to repeat the beautiful ceremonials of England and Germany on International Day. Now we must resign ourselves to holding simply an American Nurses' Annual Meeting. Needless to say, any member who can come from abroad will be warmly welcome, and we shall have our own special train and trip, leaving New York for San Francisco on Wednesday, June 9th. There will, of course, be much that is delightful and pleasant at San Francisco, and we have determined to hold our International Business Meeting, so that there shall be no break in the continuity of the business of our Federation."

The President reminded the Council that each National Council affiliated to the International Council has the right to appoint four official delegates to represent it at the International Meeting. She regretted to report that owing to the War the large number of members who had intended to attend the meeting were now unable to do so, but that Miss Annie Hulme, Hon. Sec. Matrons' Council, and Miss B. Kent intended to go to San Francisco on the Nurses' Train, and she proposed that these two ladies should be invited to attend as official delegates of the Council, and be instructed how to vote, and to present the Triennial Report of the National Council of Great Britain and Ireland. This was agreed to.

The President then reported that the American Council suggested that the next Triennial Meeting of the International Council should

be held in 1918, and that a most kind invitation had been received from the Danish National Council, through its President, Mrs. Henny Tscherning, to hold the next meeting at Copenhagen. The delegates were instructed to vote for this arrangement.

Miss Violetta Thurstan, who was present, reminded the Council of the delightful welcome extended to the British nurses on their journey home from Brussels last September by the President and members of the Danish National Council of Nurses, she herself had received the utmost courtesy and kindness whilst awaiting permission to proceed to Russia.

The President said nothing could be more delightful than to hold the meeting in Copenhagen, where she had also had experience of the charming hospitality of the Danes.

It was reported that the Annual Convention of the American Nurses' Association would be held at San Francisco from June 20th to 27th. The Nurses' Train would leave New York on June 9th, and after a splendid sightseeing trip, arrive at San Francisco on June 20th, and that it would start on the return trip on June 27th, and be again in New York on July 5th. It was a unique opportunity for nurses to see the wonders of American scenery at an unusually moderate rate.

Nurses desiring to avail themselves of this opportunity could receive information from the Hon. Secretary, N.C.N., 431, Oxford Street, London, W.

NURSING IN MILITARY AUXILIARY HOSPITALS.

The President then read the correspondence which had taken place between herself and the Acting Director-General, Army Medical Service, on the question of Nursing in Military Auxiliary Hospitals, and made an explanatory statement. A very interesting discussion ensued, and it was agreed that a further expression of opinion on the part of the Council should be sent to the Director-General.

The meeting then terminated.

IN MEMORY.

Miss Janet Stewart has sent £2 2s. to the Society for the State Registration of Trained Nurses, "in memory of my dear sister Isla." It is now five years ago since the nursing profession in this country lost its most courageous and truest friend, and the loss is accentuated every day.

In support of State Registration the President of the Society has received £1 1s. from Miss S. A. Villiers, £1 from Miss E. Pell Smith, 5s. from Miss E. L. C. Eden, 5s. from Miss B. Kent, and 1s. from Miss E. M. Ambrose. We hope friends of the cause will continue to interest Members of Parliament in the Nurses' Registration Bill, in spite of the War.

NURSING AND THE WAR.

The pile of letters on our editorial desk from Matrons and nurses who evidently feel very strongly on certain departures from organised precedent in connection with their profession owing to the war, is assuming serious dimensions, and as we are of opinion that one of the most useful functions of a professional journal (such as THE BRITISH JOURNAL OF NURSING, which is free from commercial pressure) is to present the views of its readers, and express an opinion thereon, even if such views are unpopular, we propose at an early date to publish a series of articles on the various phases of Military Nursing, especially in its relation to the ethical and economic standards of the nursing profession.

The following letter has been issued by the Joint War Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England, and has been addressed by the Secretary of the Committee to the Secretaries of hospitals:—

"DEAR SIR,—The Society has been informed that when our new armies are in the field the arrangements for dealing with the sick and wounded will have to be largely extended.

"It is probable that members of Voluntary Aid Detachments will be called upon to do some of the rougher work under trained nurses. In view of this fact we are very anxious that our members should at once have the opportunity of becoming more efficient.

"This can only be done by their being afforded opportunities to get practical experience in the routine work of hospitals. I am therefore instructed to ask whether your Committee would very kindly consider the possibility of allowing carefully-selected members of Women's Voluntary Aid Detachments to be admitted to the Wards, Kitchens, Laundries, and even the Store Room and Linen Room of their Hospital. The Society would choose the members according to any arrangement your Committee liked to make and would, of course, impress on them the necessity for complying with any rules and regulations laid down for them.

"An appointment can be made for a Matron of long experience to talk over the question with your Matron, if you wish. Any arrangements could thus be made to fit in as much as possible with the usual work of your staff.

"I am happy to say that several of the large hospitals, both in London and in the Provinces, are already affording our members these facilities, and if your hospital is not already doing so, I shall be most grateful if you would kindly give the matter your favourable consideration. It would greatly assist the preparations being made if I could be accorded the favour of an early reply."

In this connection we deeply regret to learn that one of the most able and respected Matrons of a Metropolitan Poor Law Infirmary has resigned as

a protest against the suggested disorganisation of the Nursing School attached, which she considers will result from a succession of twenty voluntary workers passing through the wards for a month's term. She considers the system unjust to the patients, and the nurses and regular probationers, who have already plenty to do without instructing a constant succession of new workers, who have not time to be brought under discipline, and who in consequence add greatly to the anxiety of supervision. She also considers to flood hospitals with short-term probationers will depreciate the standard of nursing in the future.

As to compelling skilled workers, after arduous training, to impart knowledge in the management of highly organised departments, such as the Kitchen, Laundry, Store Room, and Linen Room, to these birds of passage, several Matrons consider it would be most unfair, as such post-graduate instruction is reserved for the best pupils in the schools, anxious to qualify themselves as Superintendents of such departments, and for the position of Matron.

The War Office proposes to employ 3,000 of these workers in military hospitals and in the new military auxiliary hospitals being prepared in anticipation of the advance campaign in the spring. They will be paid a salary we believe, at the rate of £20 annually, and we are assured they are to work simply as probationers. If this is correct, then they will have nothing to do with work in the Kitchen, Laundry, Store Room, and Linen Room, and there is no reason for our hospitals and infirmaries to be disorganised for their benefit. Moreover, as the appeal for funds is constant in support of women out of work, all additional industrial labour required and paid for by the War Office

should be reserved for the class of worker who earns her living by performing it, and should not be given to those who have comfortable homes and who are well-to-do, and are, moreover, of the type who have never offered to give one day's service to the sick and indigent poor in hospitals and infirmaries from time immemorial. No one realises this more distinctly than the devoted Matrons of our Poor Law Infirmaries, many of whom have given half a lifetime of such service to the poor, and who have of recent years experienced the utmost difficulty in obtaining a supply of nurses and probationers to care for these poor people whose environment is devoid of glamour and kudos.

Miss Susan Coulter, mentioned by Sir John French in a recent despatch, whose portrait we publish on this page, is a member of the Civil Hospitals Reserve, and at the time of receiving her summons for active service was Sister in the diphtheria wards at the Derby Borough Isolation Hospital. Since last August she has been Sister on one of the ambulance trains in France. The *Derby Express*, to which we are indebted for this portrait, states that Sister Coulter, who is a native of Londonderry, was Sister and Night Sister at the Women's Hospital, Liverpool. She was trained at the Royal Infirmary, Manchester.

The members of the Army Nursing Service Reserve are now permitted to wear a grey coat with a grey felt hat, round which is

worn a ribbon of the national colours.

Miss McLachey, Matron of the Quebec Military Hospital, has been accepted for service with the McGill General Hospital for Overseas Service, with a large number of nurses from the Royal Victoria Hospital and the General Hospital, Montreal.



MISS SUSAN COULTER, CIVIL HOSPITALS RESERVE,
MENTIONED IN DESPATCHES.

FRENCH FLAG NURSING CORPS.

Miss Grace Ellison, the *Directrice-Générale* of the French Flag Nursing Corps in France, has submitted a Report to the Committee in London for publication in the press, from which we have pleasure to present the following information.

OFFICIAL REPORT.

At the end of three months' work I am able to testify to the enormous progress that the nurses have made in France. They themselves do not notice it, but I who have just returned from a complete tour of the hospitals am more than gratified with the gigantic strides they have made. Everywhere where the nurses started work they had the same difficulties to contend with: (1) No one had the least idea what a British trained nurse was; (2) although a special typed definition of what a nurse was submitted to each doctor, and I took the trouble to explain the social position of a nurse and her diploma, the doctors have had to test the nurses for themselves.

From the 3rd region this week twelve nurses have been selected to go to the front. When I arrived in Evreux I was greeted by the doctor with "I hope you have not come to take away *les nurses*," and Dr. Leo is using all the influence he can to keep his nurses with him till he goes to the front, and then he will take them with him.

At Lisieux the *Médecin Chef*, in spite of the ministerial order to send a nurse to Dunkirk, kept her back, and sent another to Paris to see if I could not see the Minister to give him permission to keep her, and in a letter to me he said, "Why have I been privileged to know what it means to have English nurses, and then as soon as my Hospital is in working order for them to be taken away again?"

A correspondent recently wondered if it was right to let these nurses come to France? I say most decidedly Yes, when I see the dirt and disorganisation and suffering they go to, and afterwards notice the whole changed moral atmosphere of the patients, and their gratitude; they simply adore the "Sisters." The Sisters are receiving letters of thanks not only from the patients but from the whole family of the soldiers.

I frequently tell the nurses it requires only an ordinary nurse to step into a well organised hospital, but an extraordinary nurse to work here. Everything the nurses do is noticed. Their own clean appearance, &c. Their work most certainly means the uplifting of the whole nursing profession in France. Quite half the soldiers are gentlemen, and having once been taken care of by the nurses they will have nothing else, and this war over they will demand that the conditions as they were at the beginning of the war shall not occur again. The doctors, too, have seen the nurses work. Dr. Maure, who is working at Talence, will now have only nurses in the theatre, and "a ministerial order has been

issued that only trained nurses are to work at the new contagious hospital shortly to be opened by the Government at Rouen." The Prefect of Evreux writes: "Everywhere I hear the praises of the English nurses."

The Report ends: "I have noticed in all the hospitals where our British nurses are working the enormous difference in the appearance of the place, the cleanliness of the patients, their well-made beds, and the comfortable manner they were lying in bed. The floors are clean, and the patients and infirmières have been induced not to spit on the floor, which they did when the nurses first came. The patients themselves look forward to being washed each day, and to having their bedsores and backs attended to and their nails cut. The nurses generally complain of having too little work. Sixty dressings a day was not one day's work, one told me. It seems to me to have instituted important reforms such as these are, and to have made so many poor souls happy and comfortable, even if their lives have not been spared is something of which to be immensely proud. The hospitals are primitive, but we in England do not seem to realise what it means to have a whole nation under arms, a nation so unprepared for war as was France. Her peace estimate for her hospitals was about 1,000. That she has now 4,800 hospitals proves how splendidly the much criticised French Service de Santé has been doing its work."

The Committee naturally received this Report with very sincere pleasure, and we beg as a member of it to offer our warm felicitations to Miss Grace Ellison, our representative in France, and to every member of the French Flag Nursing Corps, they are keeping another flag we all love flying, whilst they are serving with so much devotion the sick and wounded of our Allies.

The work of Miss Conway Gordon and her unit has been greatly appreciated in France; and, as we reported a month ago, they were selected for work in the War Zone. They are now busy in the beautiful Prieuré de Binson. She has with her Miss Richards and two Queen's Nurses—Miss Macaulay and Miss Willetts. The general opinion expressed of Queen's Nurses is that they are admirably adapted for work under the French Flag where making the best of things is so necessary.

A few weeks ago Sister Mitchell and four of her unit vanished into the War Zone, and we are pleased to hear good news of them. She writes, "We have now got near enough to the Front not to be allowed to put our address, being about eight miles from the firing line. Two of the Sisters are in a hospital in the town, where they have a very comfortable room in the hospital with an infirmière told off to look after them. The cooking is done by the nuns. In addition to the nuns and the infirmières there are two Red Cross ladies, and all of them are kindness itself to the Sisters. The remaining three of us are in a country house about two kilometres from the village; it is not very large but the grounds round it are beautiful, and at present gay with

violets, snowdrops and daffodils. . . . Being, like most French houses, plentifully provided with windows, the rooms and wards are light and airy. At first the patients lay on straw mattresses on the floor, now they have quite comfortable beds, and home-made bedside tables. As soon as the patients' temperatures are normal for a day or two they are moved on stretchers in an ambulance to another hospital in a more settled part of the country, so that they are never very long with us, and everyone in the hospital is very pleasant to work with. The hospital is kept well disinfected, even the door handles being done daily, and all the patients do very well, in spite of the fact that a bedpan is seldom used. The water has all to be pumped up, but a huge cauldron of boiling water is always kept full. Typhoid has almost been

Bennett, Hendrie, McKinnon and Simpson; and to know they are well and happy.

Consignments of hospital requisites and clothing are still being sent to the Sisters at Bergues. The following useful gifts have been received at the R.N.S. Office from Mrs. Gamage: 5 knitted woollen waistcoats (these are a charming pattern, with buttons), 11 body belts, 20 pairs mittens, 12 pairs socks, 8 woollen scarfs, 3 pairs fine linen sheets, and fine old linen.

Mrs. Lott has kindly sent 7 pairs of socks and 5 cotton shirts. These gifts have been sent to Sister Carmichael, R.N.S., at Bergues.

We hear from Miss T. A. Holmes that both in time and money many in Upwey, as well as the



PRIURÉ DE BINSON, WHERE MISS CONWAY GORDON AND HER UNIT ARE AT WORK.

stamped out now, so that we are not so busy, though we have always some very ill. There is a small cottage of one apartment at the top of the garden, and by means of wooden partitions it has been converted into a small dwelling house of three bedrooms and a kitchen, one corner of which we call the dining-room, as we have all our meals up there. It is very nice having a place all to oneself, and we really are very comfortable, as there is a very good stove with a tiny oven in the kitchen. All our food is cooked in the hospital, and we carry it up, a procession of four, each bearing something for the linen woman. There are heaps of interesting things to see about here but the interesting things one may not mention."

We feel sure many Scottish colleagues will be pleased just to have this glimpse of Sisters Mitchell,

ladies already mentioned, contributed most generously to the large bales of articles sent by her to Sister Lind, and which we acknowledged in our last issue. We offer warm thanks to all of these kind contributors, who will be pleased to know that the hospitals at Bergues in which the Sisters are working have now been made much more clean and comfortable, and the patients much happier we have little doubt. What happiness for those who have helped this reformation.

Miss L. Colis Dorrington, cert. General Hospital, Adelaide, and Miss V. Husty, cert. Meath Hospital, Dublin, left London for Bordeaux, on Thursday. The nursing staff is now very busy at Talence. Kind friends are invited to keep up the supply of papers, which are so much appreciated.

THE CARE OF THE WOUNDED.

JOINT WAR COMMITTEE.

Queen Alexandra has written to assure the committee of the Blinded Soldiers' and Sailors' Hostel, 6, Bayswater Hill, W., of her most sincere and sympathetic interest in the aims and objects of the hostel, which has been organised under the chairmanship of Mr. C. Arthur Pearson with the greatest possible success. An appeal is made for funds to provide the patients with apparatus of various kinds, and with special comforts.

The Queen of the Belgians has sent from the Headquarters of the Belgian Army the following autograph message of thanks to the women

HOME HOSPITALS.

The following nurses have been deputed to service at home hospitals:—

Clandon Park, near Guildford.—Miss H. M. S. Thornton, Miss M. Berry.

Blair Hospital, Bolton.—Miss E. Phillips.

Red Cross Hospital, Hathersage, Derby.—Miss B. C. Medley.

The Dove, Wincanton, Somerset.—Miss B. M. Templeman.

V.A.D. Hospital, Strood, Rochester.—Miss M. Studley.

V.A.D. Hospital, Arnott Hill, Daybrook, Notts.—Miss N. Sykes.



THE CHIEF NURSE AND SUB-LIEUTENANT GIBBONS, WOUNDED ON THE "TIGER," ON LADY BEATTY'S YACHT "SHEELAH," HOSPITAL SHIP.

of England, through the Editor of *The Gentlewoman*:—

"Grand Quartier Général de L'Armée Belge,
February 15th, 1915.

"My message to the women of England is one of admiration for their calm fortitude, and of gratitude for all they have done towards ameliorating the sufferings which Belgium has been called upon to bear."

"Through our own trials our hearts are knit to those who also have given nobly of their dearest and best to help keep bright the lamp of civilization."

"I ask God's blessing on the women of England for all they have borne and done, and pray that peace will soon dawn.
ELISABETH."

Sandacres, Parkstone, Dorset.—Miss M. A. Brown.

No. 1 Temporary Hospital, Exeter.—Miss M. Van den Meulen.

V.A.D. Hospital, Corsham.—Miss A. R. Sweeney.
Hospital for Officers, Stoodley, Knowle, Torquay.—Miss A. Calder.

Lund Wood Hospital, Barnsley.—Miss R. Bevington.

Red Cross Hospital, Denbigh.—Miss L. Robertson.
V.A.D. Hospital, Hilberton, Trowbridge.—Miss D. E. Taylor, Mrs. E. G. Neal.

Red Cross Hospital, Town Hall, Henley-on-Thames.—Miss I. A. H. Dunne.

Red Cross Hospital, Cirencester.—Miss A. Doughty.

V.A.D. Hospital, Salisbury.—Miss E. A. Richards.

Princess Christian Hospital, South Norwood.—Miss C. Douet.

Dane John Hospital, Canterbury.—Miss B. M. Norton.

Auxiliary Military Hospital, Elmfield Hall, Accrington.—Miss E. Cooke.

Beechcroft Military Hospital, Woking.—Miss A. Gregory.

Town Hall Hospital, Waltham Abbey.—Miss O'Key.

Broadwater Hospital, Ipswich.—Miss N. F. Brian.

V.A.D. Hospital, Miller Institute, Barnstaple.—Miss E. A. Bailey.

ABROAD.

Miss Dora Mann has left for service abroad, at the Rest Station, Boulogne.

Miss S. A. Swift, the Matron-in-Chief, has paid a week-end visit to Boulogne, to see Miss Nora Fletcher, the Principal Matron, now resident at the Hotel Christol, the Headquarters in France of the Joint Committee. The Commissioners have an office there, and there are also a few beds for sick people.

Miss Swift also visited the Rest Station at Boulogne, started by Mrs. Furze and run by Miss Crowdy, the Duchess of Westminster's Hospital at La Touquet, where Mrs. Roberts is Matron, and the Home of Rest carried on by Lady Gifford at Haredot, where the Duchess of Argyll has lent her house. The Home, Miss Swift says, is very comfortable and very popular with the nurses, as Lady Gifford is a most kind hostess. She also visited the Australian Hospital at Wimereux, which, it will be admitted, was a good amount of work to put in on a week-end visit.

RED CROSS BRASSARDS.

New brassards and identity certificates have been made for those serving in France under the joint commission of the Red Cross Society and the St. John Ambulance Association. Sir Louis Mallet and Lord Onslow have gone to France to issue these brassards, which are only to be received by British subjects at present directly serving under the two societies.

NURSES' RELIEF FUND.

To meet the exigencies which may arise if nurses are temporarily incapacitated for work, and still have obligations to meet, such presumably as their premiums in the Pension Fund, a Relief Fund has been formed, of which Sir Everard Hambro is chairman and treasurer, and which includes Lady Rothschild, the Hon. Arthur Stanley, Sir Herbert Jekyll, Miss Lloyd Still (Matron of St. Thomas'), Miss Haughton (Matron of Guy's), Miss Montgomery (Matron of Middlesex), Miss Darlyshire (Matron of St. Mary's), Miss Vincent (Matron of the Royal Infirmary, Leicester), Mr. Dewey, and Mr. L. Dick, with Mr. Douglas Pennant as Hon. Secretary. The Headquarters of the Fund are at 83, Pall Mall, S.W., and letters for the Hon. Secretary are to be addressed to 15, Buckingham Street, W.C.

APPOINTMENTS.

SUPERINTENDENT NURSE.

Basford Union, Nottingham.—Miss Bessie L. Scott has been appointed Superintendent Nurse. She was trained at the Shirley Warren Infirmary, Southampton and has been Charge Nurse at the Steyning and Newport Poor Law Infirmaries, and Superintendent Nurse at Banbury Infirmary.

Barnet Infirmary.—Miss C. L. Jenkins has been appointed Superintendent Nurse. She was trained at the Portsmouth Poor Law Infirmary, and is at present Superintendent Nurse at Colchester Infirmary.

HOME SISTER.

South Western Hospital, Stockwell, S.W.—Mrs. Mary Byers has been appointed Home Sister. She was trained at St. Bartholomew's Hospital, and has been Sister at the Kais-el-Aini Hospital, Cairo, Charge Nurse at the Fountain Hospital, M.A.B. She has had experience of private nursing, and as a teacher of physical exercises. For the last five years she has been in Canada.

SISTER.

City of Westminster Union Infirmary, Colindale Avenue, Hendon, N.W.—Miss Lucy C. Cooper has been appointed Sister. She was trained in the same institution and has been Charge Nurse at the Isle of Thanet Union, and Superintendent Nurse at Leavesden Asylum. She has also had experience of private nursing.

ASSISTANT SUPERINTENDENT NURSE.

Stepney Union.—Miss Florence M. Rockley has been appointed Superintendent Nurse. She was trained at the Stockport Poor Law Hospital, and has been Day Sister and Night Sister at the Poor Law Institution, Shaw Heath, Stockport. She has been temporary Charge Nurse at Wisbech, and is a certified midwife. She has also done private nursing.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Matron E. J. Martin, Royal Red Cross, is placed on retired pay on account of ill health.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Miss Dorothea West has been appointed a Nursing Sister in Queen Alexandra's Military Nursing Service for India.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Laura Bere is appointed to Truro; Miss Amelia E. Lewis, to Sheerness; Miss Elizabeth McConaghy, to Langwith; and Miss Daisy Snow, to Tipton.

RESIGNATION.

Miss Cockeram, the present Superintendent Nurse at the Barnet Infirmary, has resigned the appointment, owing to her approaching marriage.

We have received just as we go to press on March 10th an account of the Annual Meeting of the Somerset and Bristol Board of the National Union of Trained Nurses, held on 24th ult., which we regret must be held over till next week.

NURSING ECHOES.

The Queen has been presented by the French Red Cross Society with a jewel fashioned as a buckler, with a Crusader's sword. The centre is a Red Cross, surrounded with the arms of the allied nations. In acknowledging the gift, Her Majesty has expressed her warm appreciation of the thought which inspired it.

At the recent Annual Court of Governors of the East London Hospital for Children, Shadwell, at which the Earl of Erroll, Vice-Chairman of the Board of Management, presided, the annual report expressed the Board's deep regret at the impending resignation of Miss Row, "who has been their most valued Matron for many years. This was to have taken effect in the autumn, but on the outbreak of war, at the earnest solicitation of the Board, Miss Row consented to remain at her post through the crisis. The Board were deeply grateful for the patriotism and spirit of self-sacrifice shown by her."

At the quarterly and special Court of the Governors of the London Hospital last week, the Chairman, Lord Knutsford, stated that the Committee had decided to build another Nurses' Home at the cost of £25,000 to enable them to increase their private nursing staff. The profession will realise that by this means another £20,000 a year of private patients' fees will be absorbed by this institution, and thus decrease their chance of independent practice after training. It is greatly to be deplored that the medical staff at the "London" supports this exploitation of a sister profession.

The Public Health Department have reported to the London County Council that Miss H. O. Devereux, a school nurse, in the service of the Council, has asked that, in the event of her marriage to her *fiancé*, now on war service, she may be allowed to remain in the Council's service until the conclusion of his war service. In the special circumstances obtaining, owing to the state of war, the Department recommend that Standing Order No. 343, relating to the resignation of women officers on marriage, be suspended, and that Miss Devereux's services be retained under the circumstances mentioned.

Nurse Margaret Colls, who was sentenced in November last to six months' imprisonment with hard labour on a charge of stealing diamonds from Bredhurst Vicarage, Kent, has been released by order of the Home Secretary

after serving about half her sentence. The Home Secretary's action has been taken at the suggestion of the Judge before whom the case was tried. The chalice at Bredhurst Church is studded with diamonds, and last autumn six of the stones were missed. Nurse Colls was charged with theft, and stated at the trial that when she left the vicarage, where she had been employed, the vicar gave her a small parcel, which she afterwards discovered contained six diamonds. She looked on the stones as a gift. She alleged that the vicar afterwards persuaded her to write a confession that she had stolen the diamonds. Her story was flatly contradicted by the vicar. Public opinion in the district was not satisfied with the verdict.

On February 28th an informal dedication service was held in the Chapel at the Royal Sussex County Hospital, Brighton, in connection with the completion of the panelling of this now beautiful sanctuary. The entire Chapel is panelled in American walnut wood, the effect being exceedingly restful, and harmonious with the surrounding appointments. The carving is plain but tasteful. On the stalls at the west end of the Chapel is placed a tablet in memory of Sister Wittleton, a former nurse at the Hospital, and to her life and work the Rev. W. H. Orton (Chaplain) appreciatively referred at the impressive dedication service. The Chapel is being gradually restored, and the Matron, Miss K. Scott, and her staff are justifiably proud of it. The cost is borne by subscriptions from old members of the staff and nurses and their friends, and in yet a little while the Chapel will be still more beautiful. On tablets here and there are the names of those now gone who have given of their best in the service of the Hospital.

The Nurses' Missionary League has arranged a Quiet Day for Nurses, to be held on March 23rd at St. James' Church, Piccadilly. There will be Holy Communion at 6 a.m. and 9.15 a.m.

The morning and afternoon sessions, from 10-12.30 and 2.15-4.30, will be conducted by the Rev. D. C. Woodhouse, the subjects of addresses being:—

The Purpose of the Day.

The Present Opportunity—the Open Door.

Our Failures—the Closed Door.

The Power Available—the Living Christ.

The Life in Christ.

At 5.30 there will be shortened evening prayer, and at 7.30 a short service, with address on "Abiding in Christ," by the Rector.

All nurses will be welcome.

TERRITORIAL HOSPITALS.

THE 5TH NORTHERN GENERAL HOSPITAL.

The Territorial Hospital at Leicester has found a convenient habitat in the building formerly used as the County Asylum, but now discarded in favour of a more modern building. It follows that when mobilisation was ordered many alterations, structural and otherwise, and much cleaning, were necessary to fit it for its present purpose, but everyone worked with a will, and the result is an extremely comfortable and well-ordered hospital.

Arrived in Leicester, I called first on the Principal Matron of the 5th Northern Hospital, Miss Vincent, Matron of the Royal Infirmary, who most kindly took me to the hospital, which is some twenty minutes' walk from the Infirmary, ideally situated on rising ground overlooking a

adequate allowance for expenses, and as the Principal Matrons are the only members of the Territorial Force Nursing Service who receive no salary, or even an honorarium, they not only give much gratuitous service, but are considerably out of pocket, besides undergoing considerable strain in doing a large amount of most valuable work as economically as possible. Surely, if the Scottish Red Cross makes the Principal Matrons its special charge in the matter of locomotion, the English Red Cross, in localities where Territorial Hospitals are situated, might do as much.

Arrived at the hospital, we were received by Miss Hannath, the Matron, known to many nurses as the Matron of the Wolverhampton General Hospital, evidently the right woman in the right place. The wards are, many of them, of the shape so usual years ago, wide and rather



COL. HARRISON, MISS VINCENT, MISS HANNATH, MAJOR HENRY,
Commanding Officer. Principal Matron, Matron. Registrar.

MEMBERS OF STAFF 5TH NORTHERN GENERAL HOSPITAL T.F.

wide expanse of open country, with fresh air blowing round and through it. On a February afternoon, to a Londoner, the walk was enjoyable enough, but one wondered how it would be for the busy Principal Matron to toil uphill on a hot summer's afternoon, and whether the War Office gave a thought to the conditions under which the work of the Principal Matron is performed. I have been struck by the fact that, while in Scotland, members of the local Red Cross organisation seem to place motors at the disposal of the Principal Matrons whenever they wish to visit the Territorial Hospitals, in England they appear to get about as best they may. I do not gather that the authorities at headquarters are keen to make an

longer than wide. Whatever points there may be in favour of the elongated wards beloved of architects nowadays, they are not as cosy as those of an older date for the patients, while the great amount of walking necessitated certainly involves considerable strain for the nurses. Some of the wards are curiously long and narrow in shape, almost passage rooms, and opening out of them are rows of single rooms, formerly the padded rooms of the asylum. The doors have now been taken off, and they are not without advantage in securing quiet for the more serious cases, but they must add considerably to the anxiety of Sisters and nurses responsible for their supervision.

One of the alterations effected in the hospital was to demolish a number of high walls surrounding various parts of the building, and the block where the orderlies are located has been built with the material so obtained. There are two operating theatres, and the work of sterilising dressings is undertaken by Miss Vincent at the Infirmary, which is a considerable relief. The hospital has also its own ambulances.

The nurses' quarters are comfortable, but, unfortunately, two have generally to share one bedroom, as the architect was averse to dividing the rooms into cubicles. Still, it is war time, and nurses serving their country do not complain.

One came away with an impression of a trim, well-managed, orderly hospital, the Turkey twill which covers over the temporary lockers adding much to the brightness and neatness of the wards, in which the patients are manifestly happy and contented.

The Commanding Officer of the Hospital is Colonel Harrison, and the Registrar, Major Henry.

MEMBERS OF THE NURSING STAFF.

The following are the members of the Staff of the 5th Northern General Hospital:—

Principal Matron.—Miss C. E. Vincent.

Matrons.—(1) Miss H. Hannath, (2) Miss L. Barrow.

Sisters.—Misses M. Barnes, E. C. Birch, R. C. Cardwell, B. Collins, I. M. Eacott, A. L. Fisher, I. M. Glenn, K. C. Jones, H. Kendall, M. Milne, M. Poole, M. Perry, J. H. Potter, E. K. Roberts, M. G. Robinson, A. Sly, B. Seacombe, M. Wood.

Staff Nurses.—E. Andrews, M. Ashworth, C. Barry, C. A. Baldwin, A. Beardsley, M. Bunting, R. Clark, E. M. Cartwright, C. Carnwell, A. Charlesworth, E. C. Davis, M. Dowbiggin, K. Edwards, M. F. Edge, F. Fussell, F. Fidler, M. Gadd, E. Gibson, E. L. Grimsey, M. Grocock, R. M. Green, I. German, C. Heppenstall, M. H. Hankinson, E. C. Hart, M. Harvey, W. A. Holroyde, A. G. Hamblett, D. Hampson, M. Highley, A. Harden, H. Hampson, F. M. Jutson, S. B. Knowles, G. Lewis, C. Lewis, M. Lloyd, E. Littlewood, E. M. Moore, M. Nicholas, E. M. Nutley, B. Oliver, A. H. Pare, E. Rosier, I. Rockley, C. W. Surtees, M. J. Slaney, H. A. Simpson, P. Simpson, M. A. Simpson, M. E. Sherlock, E. M. Thomas, H. Tillotson, E. M. Watmore, C. Willis, E. M. Wren, M. E. Walmisley, J. Ward, E. A. Yates, B. Wotherspoon.

ON ACTIVE SERVICE.

Sisters.—Misses A. Sawyer and E. M. Chesters.

Staff Nurses.—Misses B. S. Botting, E. Cameron, M. A. Dance, B. Wainwright, A. Guest, M. A. Longmore, K. Steele. M. B.

PRESENTATIONS.

At the annual meeting of the Northamptonshire District Nursing Association, held at the Northampton Town Hall, regret was expressed at the resignation of Miss E. Newman, County Superintendent of Nurses, who has held that

office since the Association was formed. It was unanimously decided to make a grant to Miss Newman of £70 from the funds of the Association, and also to promote a testimonial.

Gratifying reference was made to the work done by the nurses of the Association in connection with the war, and they were cordially thanked for the patriotic services they have been voluntarily rendering.

Miss Helen Barry, who has for 12 years past been one of the staff of the Queen's Nurses' Association at Darlington, has been presented with a gold watch and chain and a purse of gold from her many friends and patients to whom she had ministered. Miss Barry is leaving Darlington to take up an appointment in a private London hospital. The presentation was made, in the presence of a large gathering, by Mrs. V. Putnam. The committee of the association had previously presented Miss Barry with a clock.

MARRIAGE BELLS.

The marriage arranged between Captain L. Cooke, of the West Yorkshires, and Sister Martin-Nicholson *née* Gripper will shortly take place.

Captain Cooke has been at the front since the outbreak of the War, was severely wounded, invalided home, but has now returned to his post in the trenches.

Sister Martin-Nicholson has also been out since the commencement. She arrived in Brussels on the afternoon of the German occupation of that city, and after working for the Germans in their principal Lazarette, also in the King's Palace, was turned out of Belgium by the enemy under armed escort, with many other nurses, travelling right through Germany *via* the Kiel Canal to Denmark. From there she and three other Sisters went to Russia and Poland. Obligated to return to England for private reasons, Sister Martin-Nicholson subsequently went to France. She is now on active duty at the front on an ambulance automobile.

When Captain Cooke and Sister Martin-Nicholson can obtain the necessary length of leave they will proceed to England for the wedding, returning immediately to their duties abroad.

It is not improbable that she shall hear more of these bells ringing as time goes on.

THE PASSING BELL.

We greatly regret to record the death of Miss Emily Helena Cole, of Queen Alexandra's Imperial Military Nursing Service, who died at Boulogne on February 21st., of cerebro-spinal meningitis. She was the daughter of the late C. G. Cole, of Cape Town, and entered the Service as a staff nurse on January 15th, 1912. She was buried in France, a memorial service being also held in the chapel of the Queen Alexandra Military Hospital, Millbank, which was attended by the Matron-in-Chief and other Matrons of the Military Nursing Service.

BOOK OF THE WEEK.

"ON THE FIGHTING LINE."*

In the author's note at the commencement, she tells us that "though the incidents mentioned are not of a military character, the catastrophe of the European War may perhaps, in some measure, be traceable to the social conditions and tendencies analysed in this book." Class barriers, employer and employed, drone and worker, are presented to the reader in this able novel, so prettily disguised, and so acceptably gilded that one forgets to complain that what is asked for in fiction is not—economics.

The book is written in the first person in the form of a diary. The first entry is headed: "London, My Sky Parlour." Minette was merely a typist in the office of the Imperial Alliance, but she happened to be also an idealist—especially so far as the opposite sex was concerned. She idealised Mr. Grainge, the Managing Director, and young Richard Mordaunt, the son of a Sir Richard Mordaunt, another Director. It took her some time to discover the feet of clay. She also idealised the Imperial Alliance itself; all day she enthused about her work, and at night she returned to her Sky Parlour in Battersea and gave herself up to house work and shrewd reflections.

Carol Grainge represents the butterfly order of girl—"she knew that she was the most exquisite creature that could well exist; she knew that everything that could enhance her beauty had been attended to; she knew that her clothes were expensive and perfect; and she couldn't forget her value." Our little idealist may be forgiven, if she sometimes compared her ready-made clothes, and her lunch at cheap restaurants—where she shared a portion of cream with Miss Beckles—to their detriment, with Carol's primrose path. "I used to think there was nothing I would rather be than a business girl. But to-night I cannot help thinking of that girl Carol. I believe I could look pretty if I dressed like her. How exciting it would be to meet a man like Mr. Richard at a dance; how exciting to motor and ride and golf with him—I suppose lots of girls do." She thinks her seventh heaven is attained when Mr. Richard begins to notice and, further, to make love to her. Yet all the time she feels the sense of insecurity and the wide divergence of their paths.

Mr. Richard does not make it clear to us what are his real intentions to Minette. At times he appears an ordinary scoundrel, though on the whole we are led to believe that he intended matrimony to precede the little cottage in the wood. But in any case that ideal arrangement came to naught. He was not the kind of man to lose all for his typist.

Jack Ford, who occupies the next attic to Minette, has cut himself adrift from his family in order to live his own life of journalism. He is

Socialistic in outlook, and extremes meeting he is engaged to the butterfly Carol. The Bohemian existence of attics in Battersea leads to a very pleasant friendship between him and Minette, who in all her struggles for existence turns to him for support and consolation.

Jack is certainly a nice fellow, and we are sincerely glad when he is free of Carol, as he had long discovered that Minette and he are far more suited to each other. He is sound on the woman's movement, and argues that though the curse of femininity has been seen and is being overcome, the curse of masculinity still remains to be shown up. "Oh, its funny to think England is supposed to be a Christian country," said Jack, "When you come to think of it only one model has been given for man and woman; one life as an example; and there we've gone and divided ourselves into manly men, and womanly women till we're all at each other's throats now, tearing each other to pieces trying to keep our peculiar distinctions and qualities and perquisites separate."

H. H.

RELIGIOUS ASPECT OF THE WOMEN'S MOVEMENT.

Three great meetings for men and women to consider "The Religious Aspect of the Women's Movement in its Relation to War and Peace," arranged by the Collegium, a body which exists to discover, by corporate prayer and conference, the Will of God for Modern Life, will be held at the Central Hall, Westminster, on Monday, March 22nd, at 11.30 a.m., 2.30 p.m., and 6 p.m. Tickets for single meetings from 1s. to 7s. 6d.; for the three meetings, 2s. 6d. to 18s.; or with lunch and tea, 4s. 6d. to £1. Enquiries and applications for tickets should be made to the Hon. Secretary, Miss Lucy Gardner, 92, St. George's Square, S.W.

COMING EVENT.

March 12th.—Penal Board, Central Midwives Board, Caxton House, Westminster. 11.30 a.m.

WORD FOR THE WEEK.

"The vague wish to be useful is spread far and wide; and there is abundance of opportunity. But no one who has experience of work on Relief Committees and the like, and benevolent enterprise of various sorts, can fail to recognise the vast difference that exists between a vague wish to be useful, and the patience, the regularity, the self-sacrifice, the perseverance that actual usefulness involves. People easily get tired, the 'weary of well-doing' form a large and increasing class. They have always plenty to say for themselves; plenty to say against other people and other methods than their own. They expect to know without learning, to be efficient without preparation. They quietly, half-unconsciously, elude the harder parts of the work. They see no need of accuracy. They are slowly proved useless and they wonder why!"

—From "In the Day of Battle."

THE BISHOP OF STEPNEY.

* By Constance Smedley. G. P. Putnam's Sons, London and New York.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

THE ARMY NURSING SERVICE RESERVE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—My attention has been drawn to a paragraph in the Editorial note commenting on a letter from the Chairman of the London Hospital in this week's BRITISH JOURNAL OF NURSING.

This paragraph, which may be misunderstood by those of the public not intimately acquainted with the matters under discussion, reads as follows :

"So far as the supply of trained nurses recruited by the War Office is concerned, it has fallen far short of the requirements, and the Volunteer Territorial Force Nursing Service has been called upon to supply a large number of nurses for our Expeditionary Hospitals abroad, and many other nurses have been hastily engaged by the Matron-in-Chief."

May I, as one who is able to speak with full knowledge of the subject referred to, be permitted to make this matter clear.

It is entirely accurate that many members of the Territorial Force Nursing Service have been transferred for service abroad but happily this is in no way due to a shortage of nurses available for the Queen Alexandra Imperial Military Nursing Service Reserve. Under the existing Regulations of the T.F.N.S., twelve members from the staff of each of the twenty-three Base Hospitals may volunteer for foreign service.

On mobilisation each Principal Matron was instructed to submit forthwith to the Matron-in-Chief T.F.N.S. names of members of her staff desirous of volunteering for service abroad, and it is to the courtesy and kindness of Miss Becher, R.R.C., Matron-in-Chief Q.A.I.M.N.S., that such members as have been selected were privileged to serve with the Expeditionary Force, in the early days of the War, and not as is stated in this paragraph owing to a shortage of nurses available on the War Office Reserve. I may add that it is a great source of pride, joy and even comfort to those of us whose duty it is to remain at home to feel that these members have been working from the first in our name at the Front and winning for our Service no small measure of respect and appreciation.

I read with considerable surprise that any misconception should exist as to there being a sufficient supply of fully trained nurses available for enrolment in the Army Nursing Service Reserve. As such a misconception is likely to cause considerable anxiety in the mind of the public it would be well, by a clear statement of figures, to correct it. Under instructions from the War Office a Reserve of 652 members was maintained in times of peace to be immediately

ready for service when required. This Reserve was on the Declaration of War at full strength.

January, 1915, its numbers had been increased to 1,750. At the present time about 190 more members have been called up for duty and yet there are still over 200 fully qualified ladies already recruited and available immediately their services are required. Furthermore this number is being added to week by week. In the early days of the War telegrams were received by the Matron-in-Chief, Q.A.I.M.N.S. many times a day requisitioning additional nurses both for foreign and home service. I am able to say with authority on no single occasion has there been even delay in supplying the full number of nurses asked for. As one of the Civil Matrons on the Army Nursing Board, and a member of the Selecting Sub-committee may I say that the word "hastily" cannot justly be applied to the selection of those ladies who offer themselves for enrolment in the Reserve. The Selecting Committee meets weekly, when the records and qualification of each candidate are most carefully considered.

I must apologise for the length of this letter, but it seemed necessary that these facts should be made known.

I am, yours faithfully,

R. A. COX DAVIES,

Matron Royal Free Hospital,
Principal Matron No. 1 London General
Hospital T.F.N.S., Member of the Army
Nursing Board.

[In criticising a paragraph, the context should not be omitted, otherwise argument based upon it, is in our opinion apt to mislead rather than enlighten the public ; our esteemed correspondent will therefore excuse our referring once more to the crux of the argument between Lord Knutsford and ourselves, in recent issues of THE BRITISH JOURNAL OF NURSING. It is quite simple and characteristic. The Chairman of the London Hospital disapproves of a Volunteer Territorial Force Nursing Service, and we strongly approve the principle of nurses exercising individual freedom of action concerning their own affairs in this connection.

In an editorial note to correspondence we wrote the sentence to which Miss Cox Davies takes exception—but from which the following context from the paragraph was omitted—"we repeat that if our Volunteer Nursing Service had not been available chaos would have been the result in military nursing organization on the declaration of War"—a statement which, we repeat, is incontestable, as proved by the statistics placed before us by Miss Cox Davies.

She informs us that in August last, when War was declared, 652 nurses—the full strength of the Army Nursing Reserve maintained by the War Office was available, but surely it is not seriously advanced that 652 Reserve nurses were sufficient to meet the crisis, had the 2,116 certificated nurses of the Territorial Force Nursing Service, who were at once mobilised, not been at the disposal of the War Office! That during the

subsequent five months the Regular Army Reserve has increased by 1,100, only supports our argument, that "the supply of trained nurses recruited by the War Office has fallen far short of the requirements." We never make a statement in print that we are unable to substantiate, and we used the word "hastily," in connection with the enrolment of the Reserve after the declaration of War, from our own personal experience. We have before us a pithy correspondence (dated the middle of October last) with the Matron-in-Chief, Q.A.I.M.N.S.; it refers to the engagement of nurses then on the staff of the Registered Nurses' Society—which we superintend. These nurses were interviewed at the War Office, engaged, and on duty in a military hospital within a few days—indeed so "hastily" was this arrangement transacted that apparently there was not time to write to the R.N.S. office for any reference concerning them—a method of selection which we felt compelled to suggest to the Matron-in-Chief "is not likely to be in any way conducive to the discipline and good order of the Army Nursing Reserve, or the Society from which the nurses are drawn." To which expression of opinion, she replied, "I do not propose to enter into particulars of the procedure adopted for the selection of nurses by the War Office," a reply which naturally called forth the retort "courteous from us." I do not require any further evidence as to the procedure adopted by the War Office, to convince me that it would be well that it should be amended!"

We are pleased to know from Miss Cox Davies that 200 fully qualified ladies already recruited are available immediately their services are required—so that should the 276 members of the Territorial Force Nursing Service, requisitioned by the War Office for service abroad, be required for the staffing of the great increase of Territorial hospitals at home, the deficit in the Regular Reserve of 76 will, we have no doubt, be speedily made good. Indeed, taking into consideration the fact that the War Office proposes to admit 3,000 Voluntary Aid workers into military hospitals, and largely decrease the present number of trained nurses per bed we consider every effort should be made by the Army Nursing Board to enrol skilled workers at once, and thus maintain as high a proportion of trained nurses as possible for the care of sick and wounded soldiers in the regular military hospitals, for the standard of nursing in which it is responsible.—Ed.]

THE NATIONAL COUNCIL OF NURSES STATEMENT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I always highly value and appreciate THE BRITISH JOURNAL OF NURSING, and until January 30th of this year, I did not think there was any room for higher appreciation. On that day appeared the "Statement" prepared by you for the Director-General of the Army Medical Service. To me it appeared as a masterly exposition, clear, concise, and rich in valuable classified information, concluding with an epitome

of modern nursing history. And the astonishing part of it was, that this valuable Supplement was supplied to the subscribers without any extra charge. When I think of the time, the labour, the concentration, and the mental output that went to produce that wonderful report, I feel that the Nursing profession, and the public are deeply indebted to you, not only for this monumental piece of work, but also because it represents so many years of reforming work for the Nursing profession, by yourself and Miss Breay.

I think if all nurses with complete training, and *esprit de corps*—that is very important—could have received and carefully read that important special number of the JOURNAL, they would have realised—if they had never done so before, the meaning and value of a *professional* journal as compared with lay-edited ones; and every one of them would surely have seen the advantage, and the duty, they owe to their profession by subscribing—not spasmodically—but *regularly* to it.

My intention was to have written this letter, and to have acknowledged my indebtedness earlier; please excuse my procrastination.

Yours gratefully,

BEATRICE KENT.

[We regret this letter has been held over for lack of space.—Ed.]

AN INDIGNITY TO WOMEN.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—With reference to the witnessing of operations on women by raw recruits in a London hospital, described by "Paterfamilias," surely if this is true it would be advisable to address to the hospital (which is not named), a letter of protest, signed by some of our representative women. There are, and always have been, patients who resent being a spectacle for even medical students of the opposite sex. Surely women can raise a voice on their behalf in protest against this further indignity.

Yours faithfully,

M. AYRES LUCAS

Stock Orchard Crescent,

West Holloway, N.

[We should advise our correspondent to communicate with the editor of the *Globe*, in which paper the letter appeared.—Ed.]

NOTE.

Candidates for the French Flag Nursing Corps from the country can be interviewed by arrangement with Lady Barclay, 60, Nevern Square, Earl's Court, London, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, on Friday, March 12th and Monday March 15th, from 2.30 to 5 p.m. to interview candidates. Candidates must be well educated and hold a three years' certificate of training. Nurses speaking French are preferred.

OUR PRIZE COMPETITION.

March 20th.—Show how a nurse may be a "carrier" of infection from one patient to another.

March 27th.—What are colds?

The Midwife.

THE CENTRAL MIDWIVES BOARD.

FEBRUARY EXAMINATION.

At the examination of the Central Midwives Board, held in London, Birmingham, Bristol, Leeds, Manchester, Newcastle-on-Tyne, on February 11th, 1915, 441 candidates were examined and 301 passed the examiners. The percentage of failures was 18.1.

LIST OF SUCCESSFUL CANDIDATES.

LONDON.

City of London Lying-in Hospital.—M. D. Brentnall, H. E. Clark, L. R. Kirk, E. L. Owen, E. M. Pyemont, L. Spreadbury.

Clapham Maternity Hospital.—E. Copeland, A. F. Ford, G. S. Gurney, C. H. Noakes, M. I. F. Rowell, C. W. Smith.

East End Mothers' Home.—M. M. Coman, M. Crosse, A. M. Davies, C. Hamby, F. P. Kay, G. G. V. Walker, F. M. Wilson.

General Lying-in Hospital.—R. C. Bach, D. E. Barnes, A. Barrett, B. J. Burnett, E. A. Coggins, F. R. Cullen, G. M. Day, R. K. Docking, W. D. Fawkes, B. B. Horley, M. Hunt, I. W. Ireland, A. M. King, A. M. Lees, C. E. Norris, E. T. Paterson, A. F. Porter, M. M. Richards, S. J. Wass, E. E. K. Woods, K. Worvell.

Guy's Institution.—C. E. Canty, E. I. Greaves, G. M. Thackray, M. West.

Hackney Union Infirmary.—A. M. Finlay.

Kensington Union Infirmary.—N. G. L. Dodd.

London Hospital.—K. Crickmay, A. E. Davies, L. Harman, D. F. Jacob, M. A. Linton, L. Radcliffe, K. Stewart, D. Tucker.

Maternity Nursing Association.—S. W. Bishop, F. Tibble.

Middlesex Hospital.—N. Acheson, C. I. W. Gould, E. M. Richardson, P. M. H. Thompson, L. Watton.

Plaistow Maternity Charity.—A. Barkway, R. Bates, A. Davies, M. H. Davies, W. Egan, L. A. Ellis, E. H. Finney, E. George, L. Green, H. M. Hancock, E. M. Higley, F. E. Howard, B. H. Jacques, L. Lewis, C. B. McClelland, S. M. Morgan, C. Nolan, H. M. Pickthall, A. Randall, S. J. Ridgway, A. Roberts, E. Smith, M. E. Smith, M. Stevenson, P. M. H. Thompson, M. Tuck, F. S. Turner, M. H. Vallance, G. K. Walker, M. E. Watts, H. O. Wilmot.

Queen Charlotte's Hospital.—F. G. Boclet, G. Fage, C. Goode, J. H. S. Liesching, M. K. Monfries, J. Murray, C. A. Polson, A. F. Smith, C. M. Willis, L. M. Wormell.

Salvation Army Mothers' Hospital.—R. E. Buller, E. M. Gosnell, E. E. Leib, O. B. Pavey.

St. Bartholomew's Hospital.—C. E. E. South.

St. Marylebone Workhouse Infirmary.—B. E. H. Sainty.

St. Pancras South Infirmary.—F. M. Brazier, *University College Hospital.*—B. E. Gepp, G. A. Massingham, E. A. Mitchell, R. Thompson.

Woolwich Home for Mothers and Babies.—L. Hellard, M. H. Tindall, A. N. B. Townsend.

Woolwich Military Families' Hospital.—H. E. Davies.

PROVINCES.

Aldershot, Louise Margaret Hospital.—B. M. Buckton, H. F. MacGregor, S. C. Stewart, H. M. Trafford.

Birkenhead Maternity Hospital.—E. A. M. Friend, E. M. Kellett, E. M. Wakeford.

Birmingham Maternity Hospital.—B. M. Bull, K. Hudson, M. Jackson, J. Mallol, G. V. Milner, S. A. Norris, M. Ryan, C. J. Reynolds, S. E. Sherratt, M. Slaney.

Birmingham Workhouse Infirmary.—C. H. Bates, A. Evans.

Blackburn Union Workhouse.—E. Grunshaw.

Bradford Union Hospital.—C. Phillips, R. A. Smith, A. Waterhouse.

Brighton Hospital for Women.—V. C. Consterdine, H. M. Gaze, A. Milner, E. A. Minall, R. E. Oram, B. C. Scheuermann.

Bristol General Hospital.—B. Roche.

Bristol Royal Infirmary.—A. Evans, M. MacKinnon, A. J. Stone, D. A. Tanner.

Chatham Military Families' Hospital.—S. M. Bellinger.

Cheltenham District Nursing Association.—A. McGeoghegan, M. Pemberton, A. Snape.

Chester Benevolent Institution.—S. E. Gamble.

Derby Royal Nursing Association.—G. M. Hutton, B. Williams.

Devon and Cornwall Training School.—I. Berry, R. Board, G. Champion, A. Downs, W. E. K. Rowe.

Devonport Military Families' Hospital.—I. G. Smith.

Gloucester District Nursing Society.—F. Address, J. M. Bevan, C. Jones, A. B. Wallis.

Hull Lying-in Charity.—E. Bratt, A. B. Escreet, M. E. Middleton, M. R. Wood.

Leeds Maternity Hospital.—E. L. Bowers, A. Brooke, G. Bradley, C. H. Fisher, S. A. Hiads, N. Ibbotson, L. Marsden, L. M. Mitchell, J. E. Simpson, E. E. Todd, C. E. Wilson.

Leicester Maternity Hospital.—G. Fletcher, A. Foote, M. Gray, E. M. Righton, M. Shelley.

Liverpool Maternity Hospital.—C. M. Agate, A. Blinstone, E. D. Christian, M. E. Fay, A. Growcott, A. Heskeith, S. E. Hilton, C. A. Jones, S. J. Jones, M. Keam, M. L. King, M. McAleavy, M. E. McCracken, F. H. W. Rhodes, J. Thomas, M. H. Townley, G. B. P. Tutton, M. Watterson, R. Wormington.

Liverpool Workhouse Hospital.—M. Clarke, M. J. English, J. M. Hampson, C. M. Murphy, L. H. Taylor.

Manchester St. Mary's Hospitals.—E. Aspinall, M. N. Bleakley, L. Boothroyd, N. Brocklehurst, E. Brownhill, H. Chester, E. M. Coates, C. Deakin, E. K. Dearn, E. French, J. Hannam, B. Kelly, H. A. Mason, C. Ogden, M. O'Shea, E. Park, S. E. Reeves, H. H. Shawcross, A. L. Snell, S. A. Spiers, S. Wolfenden, O. Wood.

Manchester, Township of South Manchester Hospitals.—E. M. Shinn, L. J. Walker, *Manchester Workhouse Infirmary.*—M. E. Blezard.

Newcastle-on-Tyne Maternity Hospital.—M. Bag-nall, M. S. Blacklock, A. E. Hodgson, A. Nixon.

North Bierley Union Infirmary.—E. Wood.

Northampton Q.V.N.I.—E. A. Mokes, E. Wag-staff.

Preston Union Workhouse.—M. Campbell.

Sculcoates Workhouse Infirmary and Hull Lying-in Charity.—R. M. Humble.

Sheffield, Jessop Hospital.—E. Fielder, L. Goss, S. A. Higginbottom, D. Stocks, L. Truelove.

Stapleton Workhouse and Bristol General Hospital.—A. Kirby.

Staffordshire Training Home for Nurses.—E. A. Owen, K. T. Watson.

Stoke-on-Trent Union Hospital.—E. Whitehead. *Wakefield Union Infirmary.*—C. Whittington.

W'atton, West Derby Union Infirmary.—E. Hughes, H. Shatwell.

Wolverhampton District Nurses' Home.—E. Thurston.

Wolverhampton Union Infirmary.—E. L. Roberts, F. G. Willis.

Worcester County Nursing Association.—S. E. Buddle, F. Priest, M. E. Stansfield, P. Tromans.

WALES.

Cardiff Q.V.N.I.—M. G. Bebb, A. M. Buxton, A. Owen, B. A. Redwood.

Monmouthshire Training Centre.—U. M. Gibbon, R. Marle, E. Thomas, M. B. Woodland.

SCOTLAND.

Dundee Maternity Hospital.—H. Burnett, E. E. Johnson, B. Lox, E. Meldrum, I. J. G. Watt.

Edinburgh Royal Maternity Hospital.—J. Allan, E. L. Elliott, J. W. Fleck, M. Gardiner, J. Macfar-lane.

Glasgow Eastern District Hospital.—M. A. McColl, A. Tulloch.

Glasgow Maternity Hospital.—M. M. Fairlie, C. J. McLaren, E. E. Marriott, J. M. H. Maxwell, A. Tulloch.

Glasgow Western District Hospital.—S. J. Gray.

IRELAND.

Belfast Union Maternity Hospital.—A. Bligh, A. M. K. Carson, E. A. Dale, E. MacKeown, L. A. Onions.

Curragh Camp Military Families' Hospital.—A. Gordon.

Dublin, Rotunda Hospital.—F. A. Elvidge, N. Gray, C. Killian, F. J. Noble, S. E. Vaughan.

PRIVATE TUITION.

F. E. Adams, L. Barnham, W. C. Clarke, W. Y. Collinson, N. E. L. Daly, H. Dean, C. M. J. Delahunty, E. M. Evans, A. C. Firbank, H. George,

N. C. Gray, B. Green, D. S. Green, R. D. B. Hay, M. R. Heggis, E. A. Hendon, D. M. Hiller, K. B. James, E. B. Jellings, E. Kincade, T. O. Leonard, S. Lightowler, C. Lindsey, J. G. Livingstone, G. McVeigh, A. M. Martin, E. M. Mellows, M. Miller, E. Molden, E. Morrison, E. Porter, B. M. Rose, E. L. Steadman, M. F. Taylor, S. A. Thomas, M. Trim, E. Vickers, A. Wilson, E. Wilson, M. M. Woodcock, A. M. Worthington, A. Young.

PRIVATE TUITION AND INSTITUTIONS.

Cardiff Q.V.N.I.—M. Edwards, *East End Mothers' Home.*—H. Franklin, R. L. Thompson. *General Lying-in Hospital.*—N. A. Becker, E. M. Goldby, N. C. Martin, E. S. Vince. *Glasgow Eastern District Hospital.*—E. J. S. Reid. *Kensington Union Infirmary.*—M. G. Howe, M. Knowles. *Kingston-on-Thames Union Infirmary.*—C. McAllister. *London Hospital.*—H. The nans. *Liverpool Maternity Hospital.*—L. Brazeendale. *Manchester, St. Mary Hospitals.*—I. Keith, A. Sinclair. *Salvation Army Mothers' Hospital.*—E. Jones. *Stoke-on-Trent Union Hospital.*—H. Lewis. *University College Hospital.*—M. F. Elphick.

AN ADMIRABLE WALL CHART.

The National League for Physical Education and Improvement, 4, Tavistock Square, London, W.C., has published an admirable coloured wall chart (No. 4), price 2s., which should be widely circulated. The chart, which measures 4 feet by 3 feet, contains three panels—A Bad Way, A Better Way, The Best Way.

A BAD WAY.

The first panel depicts a mother seated by a table, on which is an open tin of skimmed condensed milk, infested by flies. On her lap is her baby, loosely held; in her right hand, a feeding-bottle with a long tube, which has fallen far out of the baby's reach, while the mother is absorbed in a novel. The moral of this is: "Do not use skimmed condensed milk, long tubed bottle, or milk exposed to dust and flies."

A BETTER WAY.

The second panel shows a mother carefully feeding a baby from an Allenburys' Feeder, with teat fixed directly on to the bottle, holding it to the child's mouth, and carefully watching it take its meal. On the table is a clock and a jug of milk closely covered with muslin. Moral: "Feed your baby at regular hours, with pure milk, from easily cleaned bottles, without a tube."

THE BEST WAY.

In the third panel we see a mother feeding her own child. A clock hangs on the wall. Moral: "The best results will be obtained by natural and regular feeding."

A One-Day Conference on Maternity and Infant Welfare, convened by the National Union of Women Workers, will be held at the Central Buildings, Westminster, on Thursday, March 18th, at 11 a.m. Admission by invitation cards obtainable from the Secretary, N.U.W.W., Parliament Mansions, S.W.

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EDITORIAL.

THE ORGANIZATION OF THE PROFESSION OF MASSAGE.

The question of the organization of any body of skilled workers is one which demands their most earnest consideration, and is a subject which is now forcing itself upon the attention of those engaged in the practice of massage.

When a profession has attained a certain degree of skill we are strongly opposed to organization on any lines except those of State control, for our experience goes to prove that any attempt to dominate a body of women workers through an authority which has not full legal powers, and the responsibilities and publicity which such powers entail, may lead to an autocracy which sooner or later becomes questioned by those governed.

We are led to make these remarks by the correspondence recently published in this JOURNAL, and which we have been asked to criticise, between Mrs. Marriott Fox and the Incorporated Society of Trained Masseuses, which has brought us further correspondence proving that Mrs. Fox is not alone in considering that there is "much that wants thorough ventilation" in the methods of that Society. This correspondence supports us in our belief that it is advisable for members of a profession to form a Society with the single object of working for an Act of Parliament which will define their educational standards, and protect their economic and professional status, taking care to provide that the body authorized by Parliament, to control their work and conduct, is largely composed of direct representatives, elected by members of the profession to be governed. As the great Rhodes once said "The Vote covers all," and without it any body of workers are very likely eventually to

find themselves in an invidious position whereby their rights and privileges may be jeopardized. Thus Mrs. Marriott Fox complains that, while she signed a Declaration undertaking to abide by all the rules and regulations of the above Society *with regard to the duties and conduct of masseuses*, she was recently notified of compulsory inspection of her school, and informed that if she did not comply her candidates would not be accepted for examinations.

Following upon Mrs. Marriott Fox's protest and resignation, we learn that an early member of the Society, who had held an official position, was not only struck off the Roll of Members with her partner, following on a difference with the Society with regard to its examinations, without any reason or previous notification given, but the fact was announced by public advertisement. When these ladies issued a writ against the Society in the King's Bench Division for breach of contract, the Society's solicitors wrote to their solicitor admitting on its behalf that his clients were still members of the I.S.T.M., and expressing its willingness to pay the costs of their action to that date. The injured members agreed to this proposal, but the result of the case having been stultified through not being the subject of a legal decision, is that they are still under the control of persons who have acted in this autocratic manner.

We consider that the Incorporated Society of Trained Masseuses would be wise to call a general meeting of members at which the members can express their opinions without prejudice. One thing is perfectly apparent—that all Members of Council should be proposed and seconded in writing for nomination by members of the Society, and that election at the annual meeting should be by ballot; otherwise it is inevitable that a feeling will be encouraged that the governing body is a close corporation.

OUR PRIZE COMPETITION.

SHOW HOW A NURSE MAY BE A "CARRIER" OF INFECTION FROM ONE PATIENT TO ANOTHER.

We have pleasure in awarding the prize this week to Miss Ada Calvert Jones, Nurses' Home, St. Bartholomew's Hospital, London, E.C.

PRIZE PAPER.

A nurse may naturally be a medium through which a disease may be carried from one patient to another, although, if she is conscientious and careful in every detail, this should rarely occur.

In modern times not nearly so many cases are isolated from the general wards as they were only a few years ago. Such infectious diseases as enteric, whooping-cough, measles, and mumps are now nursed in the ordinary wards of the hospital if they are developed there, by the same nurses, without, as a rule, a second case occurring.

An infectious disease is due to a micro-organism of one group or another, and this germ will be present in one or all the discharges from the patient. All china used by him will be specially marked and kept apart, with a suitable cloth for cleansing purposes. A bedpan or vomit-bowl will be covered immediately after use and removed. Any soiled clothing will be placed in a bucket or bowl, carried from the ward or room, and disinfected.

It is by neglecting to do these things that the disease is carried from one patient to another. A nurse prevents the spread of infection chiefly by her "surgical cleanliness." She is neat and clean in person in the first place. Secondly, there is the all-important item of the hands, which are the literal "carriers." These must be thoroughly washed, scrubbed, and disinfected every time anything, however trivial, is done for the patient. Neglect of this small duty means running the grave risk of giving the offending germ to the next patient. To draw the sheet of a patient suffering with enteric, or wipe the nose of a child who has measles, and then give the patient in the next bed, who keeps asking for a drink, what she craves for, without first scrubbing up, would give her every chance of contracting the disease.

In cases like scarlet fever and cerebro-spinal meningitis, which are believed to be due to an ultra-microscopic organism, the one found in the respiratory tract and the other in the upper pharynx, the nurse should be specially careful. She herself may, and generally does, lodge

several of the germs in her own throat. These get there by what is known as mouth spray from the patient. In this way she may carry it on to someone else unless she takes the precaution of gargling with some disinfectant.

In private nursing the same care is necessary. The patient is isolated, and everything kept apart that he uses. A sheet which has been wrung out in some disinfectant is usually hung in front of the door, so that the germ-laden dust is not allowed to go beyond it.

It follows, therefore, that the nurse, if she is careless in the smallest detail, can be a very real danger to all with whom she may come in contact. She should remember, when nursing an infectious case of any kind, that she owes a duty to her patient, the public, and herself.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. Wharton, Miss F. Sheppard, Mr. J. Buckingham, R.A.M.C., Miss A. K. Berham, Miss Clara Blackburn, Miss T. Robinson, Miss Dora Vine, Miss M. Maberly.

Miss A. Wharton writes:—"The nurse should wear a gown, and a cap to cover the hair. On no account should a nurse give toys or books to one patient which have been used by another. All rags should be burnt. When nursing a case of enteric fever the nurse should never touch her food with her hands; even bread-and-butter should be eaten with a knife and fork, and never taken inside the ward, otherwise she may carry infection indirectly."

Mr. J. Buckingham, R.A.M.C., says that a nurse may spread infection, amongst other ways, by allowing visitors to go into the ward without wearing a cloak, and by not seeing they wash their hands before leaving the ward. A nurse may spread infection by not being extremely careful to keep towels, combs, brushes, books, and toys separate. Also by not burning all refuse after sweeping the ward floor, and by allowing patients to pass articles to one another; by not keeping patients' isolation cloaks separate, so that they are not mixed with others; by not being extremely careful in nursing such cases to guard against the spread of infection by destroying the germs which leave the patient's body in the breath, discharges, and excretions, and are able to start the disease afresh in another individual. It is the duty of every nurse to guard against infection by all reasonable precautions. She should never go on duty fasting. As much fresh air as possible should be obtained, and no food should be eaten in the wards.

QUESTION FOR NEXT WEEK.

What are colds?

EPIDEMIC CEREBRO-SPINAL MENINGITIS.

By A. KNYVETT GORDON, M.B.Cantab.,

*Formerly Lecturer on Infectious Diseases in
the University of Manchester.*

In responding to the request of the Editor for a few notes on epidemic cerebro-spinal meningitis, I propose to deal with the subject from the point of view of the nurse who may be in charge of a case, and shall therefore give only those points which are essential to a correct conception of the nature of the disease.

Firstly, what happens when a patient becomes infected with the malady? The trouble is caused by a definite microbe known as the meningo-coccus. This organism is of pretty wide distribution, and may be found almost anywhere, especially where overcrowding and dirt prevail, but under ordinary circumstances it does not attack healthy people, many of whom, in fact, carry the germ about with them in their noses without suffering any ill effects. In other words, it is usually harmless, because the resisting powers of most people are normally sufficient to deal with it.

But at times certain circumstances occur which lower the resistance of the patient, and of these the chief are *Fatigue*, *Fright* (or anxiety), and *Overcrowding*, though any previous illness, such as influenza or measles, which has left the patient in a weak state, may also be a factor in determining an attack.

It will at once be evident that the present time is fraught with opportunity for the disease to become epidemic, and it has, in fact, done so. It would serve no good purpose to give details of the extent to which outbreaks have occurred, but it should be obvious to all nurses just now that they may at any time be called upon to deal with a patient suffering from the infection. The danger is a very present one.

The microbe gains entrance to the body through the nose and throat, and it settles in the naso-pharynx. Now anyone who is familiar with the anatomy of the skull will know that in this region the brain is separated from the back and roof of the nose by a partition of bone, which is not only not very thick, but is perforated with little holes, through which travel blood-vessels and some nerves. It is obviously, therefore, quite an easy task for microbes to make their way into the coverings of the brain in this region. This they do, in fact, by the blood-vessels.

Coming back again to our anatomy, we remember that the brain is continuous with the

spinal cord, and that both are slung, as it were, on a water bed. Between the inner and outer coverings of the brain and cord is a layer of fluid—the cerebro-spinal fluid—and this is found not only inside the skull, but is carried also down the vertebral column. Supposing, therefore, we were to put a fine tube between one vertebra and its next-door neighbour, and push it through the tough outer membrane which covers the spinal cord, we should enter this space and draw off cerebro-spinal fluid. In theory, if we were to go on long enough we should drain not only the "water bed" of the spinal column, but that of the brain also.

This process is known as lumbar puncture, and is often employed in medicine, both for diagnosis and treatment. In the case of a patient suffering from cerebro-spinal meningitis, the fluid thus drawn off is not clear, as it is in health, but is turbid. Under the microscope it is found to contain myriads of meningo-cocci, and also an enormous number of white blood corpuscles, which have been summoned to the part in order to deal with the germs.

Sooner or later this space between the two coverings of the brain and cord becomes practically one large abscess, perhaps shut off into pockets by strands of adhesions.

What will be the symptoms of all this? Well, after an incubation period of about 24 hours, we shall have a sudden onset, and the temperature rising to 102° or more, and there may be rigors. In the worst type of case the patient becomes rapidly unconscious, and dies in one or two days, but as a rule the advance is not so rapid as this, and we find intense headache, which at first is referred to the back of the eyeballs, but later on to the occipital region. There is generally persistent vomiting and giddiness.

Very soon there occurs severe pain in the nape of the neck, which becomes excruciating when the head is moved, and is followed by retraction of the head itself. Then convulsions and unconsciousness end the scene.

The death rate is 75 per cent. or more, so it is evident that the odds are heavily against the patient. Moreover, in the cases that do recover there is almost always great emaciation, and ultimately mental impairment. Convalescence is very lengthy, and is apt to be interrupted by pyæmic abscesses in various parts of the body. One might almost say that those who are attacked by the diseases either die or would be better dead, for the survivors usually become mentally unfit to take their normal place in life. I may add that the eyes are often affected by various degrees of inflammation and by squint, and that chest complications, such as pneu-

monia and empyema not infrequently occur in convalescence.

In the acute stage certain eruptions may be present, of which the most common is a crop of purple spots which do not fade on pressure. The distribution of these is not definite, and, in fact, they are commonly found in septicæmia from any cause. One sees them often, for instance, in malignant endocarditis, and in septicæmia from middle ear disease. They do not resemble the eruption of typhus or enteric fevers. Generally they come out within a few hours of the onset of the disease. Unfortunately, they have given a name "Spotted Fever" to the disease, which is singularly unfortunate, as it leads those who have never seen a case of cerebro-spinal meningitis to look to the eruption for assistance in the diagnosis.

The diagnosis is difficult, in fact often almost impossible, by clinical reasoning alone. The only certain method is to withdraw some cerebro-spinal fluid by lumbar puncture, and examine it for the presence of the meningococcus, and the increase in the number of leucocytes. Cultures from the naso-pharynx are in practice quite useless, as the search for them is frequently unsuccessful even when they are really present in that situation, and they may be found in persons who are not suffering from the disease itself.

Clinically the disease is very liable to be confused with influenza, and with other forms of meningitis, also with septicæmia due to suppurations in other regions of the body; but as the diagnosis does not have to be made by the nurse I will not dwell on this point, except to point out that it is usually undiagnosed cases that are responsible for the spread of the disease.

Treatment is singularly ineffective in the majority of the cases. Sometimes a serum prepared from the specific organism does some good when injected into the spinal canal, but it also frequently fails. Sedatives are required for the pain, and tepid sponging is useful in controlling the pyrexia.

In the cases that are not fatal, skilful nursing is of the utmost importance; the main point is to get in as much food as the patient will stand, in order to strengthen the leucocytes of the host in their fight against the invading microbes.

A word of caution must come here. The disease is very infectious, and nurses are apt to contract the organism from their patient. Unfortunately, a staff nurse has already died of the disease at Boulogne. It is therefore essential that anyone coming in contact with the infection should take all reasonable precau-

tions, of which the most important is irrigation of the naso-pharynx (not merely the nose and mouth) with normal salt solution, by means of a nasal douche, taking care that the solution not only enters into one nostril, but flows out of the other, the mouth being open at the time. It is best not to use any antiseptic solution for this purpose, as it is not possible to kill the germs by any chemical solution that could be tolerated in the nose, and all such germicides are apt to injure the delicate lining of the nostril, and thus make a breach through which the germs can enter. We endeavour to wash them away, not to kill them.

From this brief description of the malady it will be seen that epidemic meningitis is a very terrible disease, and that its incidence at the present time points to the great danger of overcrowding troops or civilians inside buildings. Fresh air is the great preventive, and in hospitals it is essential, if we are to avoid the loss or permanent disablement of brave men and women whose lives and services can ill be spared.

A DEEP BLACK BORDER.

We print in another column a little letter from Signora Garibaldi from Rome; it came to us in card form, with a deep black border. When war broke out, this lady was the mother of six gallant sons. Alas! two of these splendid young men have already fallen in France fighting our battle. We are indeed flattered that their brave mother should read our JOURNAL, and beg her to realise the deep sympathy British nurses feel for her in this sad hour of loss; and yet pride must gild the sorrow of the mother of brave men who have fought and died for liberty.

FLORENCE NIGHTINGALE.

In February, while the dawn was grey,

In that famed Place named after Waterloo,

A workman from a new-carved statue drew
The canvas, and revealed thee to the day.

The day? . . . the grey Crimean monument,
The chill bronze soldiers round about the
Place,

This was the crowd that met to do thee grace,
And the chance stragglers that back and forward
went!

Where was the orator to praise thy name?

The rank on rank of soldiers thou didst bless?

The nurses whom thou taughtst thy skilfulness?

Yet what could crowds avail to raise thy fame?
Still with thy lamp thou walk'st the hospital,
Still soldiers kiss thy shadow on the wall.

NURSING AND THE WAR.

It is notified by the War Office that nurses holding certificates for three years' training, who are desirous of being employed in military hospitals, should apply in writing, without delay, to the Matron-in-Chief, Q.A.I.M.N.S., War Office, for conditions of service.

Sir Alfred Keogh, the Director-General of the Army Medical Service, has written to the British Red Cross Society, stating that members of Voluntary Aid Detachments holding home nursing and first aid certificates, can be employed in military hospitals under certain conditions. They will be required to work under fully-trained nurses, and will be under the direct control of the Officer-in-

a salary (of probably £20 per annum), with allowances for board, washing and uniform.

It seems that the prospect of working in a subordinate position, under military discipline, is not attractive to many of those who have been working as free lances; and *The Red Cross* reminds ladies who are hesitating on account of the twelve months' condition—many filling in periods such as three months and six months—that "this is a question of patriotism; they are now privileged to make a serious personal sacrifice." It is further notified that "the War Office consider it undesirable that ladies who have held the posts of Commandants or Quarter Masters should be detailed for the subordinate duties which will fall to the V.A.D. members employed as proposed."

At the Annual Court of Governors of the Royal



SOLDIERS' INTEREST IN PICTURES FROM HOME.
MATRON OF HERTFORD BRITISH HOSPITAL, PARIS, AND PATIENTS CROWDING ROUND
PRESS PHOTOGRAPHER.

Charge and the Matron of the hospital in which they are employed; they will have to live in quarters provided for the nursing staff of the military hospitals under the control and supervision of the Matron, and will be required to adhere strictly to the time table in force in military hospitals and the Regulations and Standing Orders for Q.A.I.M.N.S. After a month's probation, if recommended by the Matron for further service, they will be required to sign an agreement to serve for *one year*, or the duration of the War. The engagements of these V.A.D. members will be terminated at any time if they are found unfit in any respect for service. Candidates, who must be British subjects of British birth, will receive

Sussex County Hospital, the Committee of Management reported that the hospital was among the first to respond to the appeal of the War Office in the matter of military nursing, and the Territorial Nursing Association of the south-eastern district was the first in the Kingdom to have its staff complete. A large number of the nurses of the hospital, past and present, were enrolled on the books of that Association, while many others gave in their names for service abroad. All these were mobilized after the outbreak of hostilities, and the hospital has provided for the service of the country in its hour of need no less than sixty-five highly qualified certificated nurses, of

whom two are acting as matrons and nineteen as sisters in military hospitals. The fact that this was done without loss to the service of the hospital speaks volumes for the loyalty of those who received their training in the institution, for as each nurse left, her place was filled, generally by a former nurse, many of whom freely offered their services to the hospital in its hour of stress. Since the fourth of August the nursing staff have worked with the utmost zeal and efficiency, but the Board would be neglecting their duty, if they did not publicly acknowledge their debt to Miss Scott, the matron, to whose personal character is largely due that noble sense of duty and self-sacrificing loyalty which the sisters and nurses have displayed on this as on all occasions.

beck and call of amateur "Superintendents" who cannot maintain discipline and who are never content unless they are interfering with the nursing department.

THE CANADIAN CONTINGENT.

The following is a complete list of the nurses from the General and Royal Victoria Hospitals, Montreal, who have been accepted for service in the McGill General Hospital, of which Miss McLachey is Matron, for overseas service:—

From the Royal Victoria Hospital.—Misses M. F. Steele, L. J. Brand, C. W. Harrison, A. M. Stewart, J. M. Sedgewick, M. Musquodobolt, M. I. MacIntosh, C. P. Archibald, N. J. Enright, R. R. Graham, M. Woods, F. MacKeen, O. FitzGibbon,



FUNERAL OF MISS MARY MACGILL, MATRON MILITARY ISOLATION HOSPITAL, ALDERSHOT.

We learn that several voluntary hospitals which offered themselves to the French authorities are great failures, and that doctors, matrons and nurses are leaving, and as Miss Dock has it, "they are circulating genially around"—that is they must either return to England or get other work in France. This is sure to result from amateur management where neither medical nor nursing etiquette are realised. The worst of it is that the public is subscribing lavishly in support of hospitals which it would be wise to close down. One thing is certain, and that is that highly qualified matrons cannot continue to be at the

E. Carpenter, V. Eastwood, J. Rodd, M. Park, C. MacLeod, D. Cotton, C. Jack, H. Drake, E. M. Powell.

From the General Hospital.—Misses Hoerner; McLeod; B. L. Armitage, A.M.C.; E. P. Babbitt; H. E. Carmen; I. Davies, A.M.C.; F. I. G. de Con, A.M.C.; E. L. Dickie; M. E. Engelke; R. Gourlay; R. McConnell; L. McGreer; C. L. McNaughton; M. Muir; A. Murphy; J. M. Ross; L. M. Stevens.

We greatly regret that the dread disease, cerebro-spinal meningitis has claimed another

member of the nursing profession as its victim. Miss Mary Macgill, Matron of the Military Isolation Hospital, Aldershot, has succumbed to the disease which she has done so much to combat in those under her charge. She has been working devotedly for very long hours since the war broke out, and her over-taxed system could not resist the infection to which she was exposed. She was buried with military honours, and our picture shows the coffin on the gun carriage covered with the Union Jack.

URGENCY CASES HOSPITAL FOR FRANCE.

The Urgency Cases Hospital Unit left Victoria at 2 p.m. on March 17th, en route for France. Their destination is Bar le Duc, and probably later on Clermont. It was arranged by the French War Office that a special train should meet them at Boulogne and take them straight through.

The party consisted of the following surgeons:—Mr. Cairns Forsyth, F.R.C.S., Mr. K. E. Leveson-Gower Gunn, F.R.C.S., Mr. Alfred Sperron Robinson, Mr. William Hennaage Ogilvie; anaesthetist, Mr. Robert H. L. Vaughan; radio-grapher, Mr. Garwood Everett; the Matron, Miss E. H. de K. Curtis, and the following nurses:—Misses E. G. Broad, K. Corcoran, I. M. Cousin, S. Dottridge, F. W. Gowan, K. S. Johnson, M. I. Martin, E. Marshall, M. E. Nicholas, D. K. Okey, N. L. Riddel, I. M. Ross, M. E. Shearing, A. M. Staley, A. M. Upton, O. D. B. Vickers, B. Wise; Cooks, the Misses Hall, Fenwick, Kenyon, Jeans, Street; Laundry Superintendent, Miss Wyman, and 14 male orderlies.

The motor ambulance cars and trollies have gone, or are going, by road.

We are informed that this unit has been formed with the greatest care; every one of the nursing staff is fully trained. It has besides been in touch all through with the French War Office, and their sanction was obtained before any steps were taken.

The party assembled on platform 9, where they answered to a roll call; in spite of this one of them got lost when the move to the boat train platform took place, and only turned up again at almost the last moment. Everyone seemed to have friends to see them off, and the platform was gay with flowers. Miss Eden was presented with a lovely bunch of carnations and La France roses by Sir Arbuthnot Lane, the President of the Hospital. She herself was carrying a box full of white heather and tricolour ribbon favours, with which she decorated each member of the party. A splendid motor lorry, part of the equipment, and marked "Urgency Cases Hospital," one of two presented by Mr. Baird, was to be seen drawn up alongside the boat train. Amongst those who waved goodbye and good luck were Sir Frederic St. John, Sir Lander Brunton, Sir Arbuthnot and Lady Lane, Mr. Baird, the Hon. Sec., General and Mrs. Jeans, Miss Eyres, Mr. Stephen Paget, Miss Pye, and many others.

FRENCH FLAG NURSING CORPS.

The portrait of M. Millerand, the French Minister for War, in connection with whose department the nurses of the French Flag Nursing Corps have been given the opportunity of serving the sick and wounded soldiers of our gallant allies, is of special interest to English nurses. Our picture shows him inspecting the gift of twelve Ambulances to France by Russia, with the Princess Narischine of Russia who accompanied the gift to Paris.

We have this week received a most practical gift of stores for Bergues, from Miss Winifred Broome, representing an expenditure of £10, from an American donor, Professor Corning, who writes that he is very glad for the money to be spent so, as (in his graphic phrase) typhoid nurses really do "scratch gravel!" The consignment which consists of 30 yards of mackintosh sheeting, 15 yards batiste (double jaconette), 18 enamel bowls, 4 rubber water-bottles, and a large amount of tow, is just what is required; and it has been addressed with other gifts to Sister Carmichael, at the Jeanne d'Arc Hospital, at Bergues.

Miss T. A. Holmes has most generously sent for Sister Lind a parcel of 12 flannel shirts, some handkerchiefs, "Monkey Brand" soap (which she has specially asked for), and some chocolate. We do hope all these nice things will reach their destination without great delay, but transport is far from rapid.

The American Relief Committee have given 1,800 francs towards the equipment of the St. Union Hospital, at Bergues; and recently Lady Hadfield arrived in Bergues, from Boulogne, by a motor car, which was full of supplies. To the great delight of the Sisters she brought flannel shirts, bed jackets, pyjamas, socks, belts, blankets, hot water bottles, dozens of small pillows, cotton wool, surgical dressings, chloroform, cornflour and—of course—Bovril; and all sorts of good things, like cakes, chocolates, tongues, and sardines for the Sisters, and cigarettes for the patients. Everyone was charmed by this most kind action. Sister Lind writes: "I am sure by the time we have got all you have sent us we shall have an excellently stocked place, and the pleasure of putting our very ill patients in soft flannel shirts I cannot express to you. . . . Here we have certainly encountered the conditions for which you prepared us before leaving England; however, we feel we are really doing something; the amount of soap we used at first was amazing, and a copper arrangement has been put up in the yard to heat water, which, it is hoped, will make us happy, seeing we 'could now wash les malades to our heart's content,' and I must say the patients take to the treatment very gladly. . . . We are all keeping well and busy and happy, if it is possible to

make our work a success, it will be done, as there is plenty of scope for it. . . . It was perfectly splendid how soon our appeal for help here, through the JOURNAL, was answered—and if you knew how much it was necessary and how greatly appreciated when it came, you would be delighted. The patients are just like children over anything new—most amusing to see them."

Sister Horan, a member of the first Scottish Unit, has been exceptionally fortunate in that she has had charge of a ward at Lisieux for some months for the treatment of typhoid patients, in which she has had time to make great improvements, which are warmly appreciated by the *Médecin Chef*. We are glad to hear from her that she has received a splendid consignment of hospital stores from a friend in Edinburgh. "In all," she writes, "we received 35 cases and 2 bales containing shirts, vests, socks, cholera belts, dressing gowns, bed-jackets, and among many other things a large number of kit-bags. These are so acceptable to the patients, as they are perfectly made and decorated with a red cross, and beautifully fitted out with tooth-brush, face cloth, soap, comb, writing paper, and handkerchief. The red flannel jackets were 'just what we wanted'; the patients love them, and they all look so cosy in them. There was a great excitement when the consignment arrived, such a store is not a usual occurrence here.

"The first batch of convalescent typhoids who were discharged left with a nice warm dark shirt, a *cache-nez*, and a pair of thick socks. Some of the patients replied in French to the pretty little letters found in the pockets, and were so pleased with themselves. They greatly appreciated the kindness of the British. . . . I have been very happy with our French patients. It is remarkable how attached one gets in spite of the language, which has its amusing side."

Sister Workman, who is in the war zone with her unit of Bart.'s nurses, is also very busy nursing typhoid; and as the English post office cannot accept parcels for the district, it is proposed to send her a parcel through the French Relief Fund; and she says the most useful articles would be cotton shirts, towels, and about six dressing gowns. The latter we know are urgently required in all French hospitals, and we might add that ward slippers are also most useful. Perhaps such gifts may find their way to the Editor *B.J.N.*, 431, Oxford Street, London, W., within the next few days.

To judge from the photograph of part of the hospital at Talence, it is a hospital in a wood,



PRINCESS NARISCHINE,
Russian Red Cross.

M. MILLERAND,
French War Minister.

and looks very practically constructed for temporary use. Already the Spring begins at Bordeaux, and violets and such sweet things are to be gathered in these woods. The Staff of English Sisters for this hospital is now nearly complete, and we hope many of them are working up their French, as the sad lack of instruction in foreign languages from which our girls suffer has made it most difficult to supply a really efficient corps of English nurses to work under the French Flag. Realise that the whole medical staff is French, and the serious difficulties at once present

themselves. A knowledge of French should, for the future, be required from every probationer entering our leading training schools. It is terrible to be dumb immediately one crosses the Channel, and after this War we shall become a much more cosmopolitan people.

"Little Mrs. Holgate" has so many friends who read this journal, both at home and in New Zealand, that we are sure they will be pleased to know she is happily at work at Lisieux, in a hospital "at the top of a hill, commanding lovely views of extensive apple orchards; nothing more

un-English than this hospital can be imagined, and yet it is very interesting, and very good work has been done—no doubt because the *Chef de Médecin* is very keen, and appreciates his English Sisters. He is tall and wears a lovely blue coat and scarlet hat, and is very imposing, attended by a sergeant. The patients are wonderfully happy and contented and have all sorts of little attentions; dear little boys come and give them cigarettes; a sweet Sister of Mercy brings each week a pat of butter and cheese, and every week a lady sends a cake and cider for those who may have them. . . . If in ever so humble a way, I feel privileged to help these brave French people."

So far only two masseuses have been requisitioned to work with the F.F.N.C., but from what

services. It is a sad sight to see the crowd of cripples waiting outside our massage room each day; it is filled with all we require for our work and we need fingers of iron to work in the contracted hard tendons and stretch the poor drawn limbs. I fear we have to give a great deal of pain, because massage has been so long delayed, now movement is of the greatest importance; but they seem very grateful. We have Turcos, Zouaves, Alpine Chasseurs, and every sort of French soldier amongst our patients. We have a bedroom in the hospital, and everyone seems so anxious to make us comfortable. I am taking every opportunity of increasing my knowledge of the language; the patients roar sometimes at my French, and I do wonder what I have said; we also find plenty to smile at amongst so much



LE PETIT LYCÉE, TEMPORARY HOSPITAL, TALENCE.

we hear, it is probable that the services of many more would be of great value to the wounded, who are suffering terribly from ankylosed joints, &c. Sister Wadsworth, R.N.S., and Miss Neville-Parker both feel that they have been well placed at Evreux, where their skill as masseuses is in constant demand. Sister Wadsworth writes: "We are very happy, as we feel we are doing good work, and we were so badly needed; we are the first trained masseuses to work in this hospital. Everyone made us very welcome, and the French doctor is specially kind to us, and takes great interest in our work. We have 400 convalescent soldiers in this hospital, and many require our

that is tragic—which is a relief to us all."

Sisters Lear, Ripley and Todd have been moved to the Malo Ecoles Hospital at Dunkirk; and Sisters Webster, Finlow, Cross, Lindsay, Burn and Hallam are now nursing typhoid on the French hospital ship *Tchad*, at Dunkirk, assisted by French sailors, which they find most interesting, and where they appear very welcome.

Sisters Jenkins-Stephens and Joyce have joined Mrs. Dalrymple at Chaumont.

Our British nurses in France are doing a fine bit of work for the State in advancing such sympathetic relations with the French Army.

THE CARE OF THE WOUNDED.

The base hospital which has been accepted by the War Office from the University of Toronto will be of as high a standard of efficiency as the university authorities can make it. The hospital will consist of 1,040 beds and the nursing staff will consist of two Matrons and 84 nursing sisters. One hundred nurses fully trained have also volunteered.

Mr. Tennant has given Lord R. Cecil an assurance that no case of nerve strain in soldiers who have been invalided has been or will be placed under asylum administration. Cases in military hospitals if transferred on discharge as certifiable lunatics to county asylums come before a board of military medical officers and are certified under the Lunacy Act.

Through the kindness of Mr. and Mrs. Waldorf Astor, a Canadian Hospital has been established in the covered tennis court and grounds of Cliveden, in Buckinghamshire.

Mr. Astor has arranged for stores, kitchens, convalescent buildings, and recreation rooms. The main hospital is divided into four wards, two of which contain 20 beds, and two 26 beds. At one end there is a gallery containing six beds. There is also a long ward outside for eight beds.

Colonel Chas. R. Gorrell, of the Canadian Medical Service, is in charge, assisted by four medical officers, a matron, and 16 Canadian trained nurses. Plans are being prepared for erecting huts on the ground a little below the level of the present hospital to accommodate 500 patients.

The Lord Mayor and Lady Mayoress of Liverpool (Mr. and Mrs. J. E. Rayner) last week gave an At Home to bid farewell to the doctors, the Matron (Miss Whiston), the Assistant Matron (Miss Wyles) and the nursing staff of the Liverpool Merchants' Mobile Hospital, provided for the treatment of wounded soldiers at the front. It is the largest and best equipped field hospital of its kind that has ever been sent from this country. The staff comprises 10 doctors, 50 nurses, 40 orderlies, and other officials to the number of 112. Lieut.-Colonel Nathan Raw is the senior physician.

The Incorporated Soldiers' and Sailors' Help Society is promoting the Lord Roberts Memorial Fund for Workshops for Disabled Sailors and Soldiers. This is a most timely and practical scheme, of which Sir Frederick Milner is the Hon. Treasurer.

The French Relief Fund, which is under the high patronage of M. Poincaré, President of the French Republic, announces a Grand Special Matinée at His Majesty's Theatre on Friday, March 26th, at 2.30 p.m. Many leading French and English artistes will appear.

LETTERS FROM THE FRONT.

THE FRIENDS' AMBULANCE UNIT, DUNKIRK.

"The Hospital of the Friends' Ambulance Unit, which has been set up at Dunkirk in wooden huts, each holding twenty beds, is nearing completion, and very complete it is evident it intends to be, when the kitchen, administrative block, central linen store, &c., are finished. The Hospital is for the treatment of fevers, and there is a sanitary annex to every four wards, where the orderlies boil all bed-pans and urinals after use, all excreta are emptied into a large zinc tank. This is removed, emptied into a boiler, and when boiled a pipe then carries it into a pit.

"We learn that the French authorities seem to be very pleased with all the arrangements, although at present they are not complete. . . . The wards are beginning to look very nice. Each day we have something added, and now we have by way of furniture a large table, cupboard, and very nice little bedside tables instead of lockers at each bedside; they have a towel-rail at the head and a shelf underneath. . . . We have plenty of equipment, kitchen and nursing utensils; also a gas ring in each ward, and a large boiler outside for heating water. We have a movable bath between two wards. I am sure some of our nurses at home would envy us all the nice things we have for use. . . . Our poor patients nearly all walked in, and it was one of the most pathetic sights I have ever seen to see these men, ill and worn out to a degree, walking into hospital carrying their kit, some of them delirious and with high temperatures. Even now they don't seem to care about anything, and some of them have much improved in health, not having very much the matter but just utter weariness. . . . I pity the poor patients in a hospital I have visited here, the conditions were appalling. It is to be shut up."

The organisation of the Friends' Fever Hospital was assured from the first. Dr. Goodall, of the Eastern Hospital, Homerton, is on the staff for a time, and with Miss Drakard, the Matron, he insisted on a fully-qualified nursing staff, with general and fever training, who with male orderlies are quite capable of meeting any emergency which may occur.

THE GOLD TREATMENT OF TYPHOID.

A Sister writes from France: "I might as well take the opportunity of mentioning that I was very much interested in the account of 'The Treatment of Typhoid' in last week's Journal, and think it would be a good idea to give a little description of the method employed here, and as the treatment is quite a new one, perhaps some will be glad to read about it. It is so entirely different from any I have seen, and the results are wonderful, though at first it seemed

very drastic and one feared the consequences. One very soon became accustomed to the effects and acted accordingly. The treatment is by hypodermic injections of *Or* (gold) given intravenously when the temperature of the patient rises to 39 deg. centigrade (102 deg. Fahr.) and above, 2.4 c.c.s. being the usual quantity injected once a day. The reaction does not take place till ten minutes or half an hour after, when the patient has a severe rigor, lasting a quarter of an hour or more in some cases. The temperature when taken one hour after the rigor is often two or more degrees higher. The patient frequently vomits, and if the temperature is very high he is very delirious and almost unmanageable. The bowels are also frequently moved during the temporary excitement, and there is often thirst and headache and profuse perspiration. After a number of injections have been given the patient becomes accustomed to them and the reaction is reduced in character; in some cases there has been very little reaction at all, excepting the falling of the temperature in the morning to a few degrees. Sometimes one was alarmed to find the temperature of 39 deg. or 40 deg. cent. at 6 p.m. the night before dropping to 36 deg. or 37 deg. cent. at 6 a.m. the next day, but by the evening it very often rose again to the same thing, until a certain number of injections were given. Of course, the more serious the case, or rather the more severe the fever the greater number of injections are required. In one case here twenty-two were given before the temperature remained below 39 deg. Then, too, the patient is supported by injections of *Huile Camphrée* if the pulse is unsatisfactory, or by ice bags to the region of the heart, or a potion containing adrenaline is often ordered.

"Sponging and baths are not employed at all, but when the patient is not having these injections of *Or*, *enveloppes* (sheets) wrung out of cold water are wrapped round, either the whole or the upper part of the body, and changed every two to four hours, or applied only during the day to allow the patient to get as much sleep as possible through the night.

"After the injections of *Or* have once had the desired effect, and the temperature remains sub-normal, it is wonderful to notice the rapidity of the patients' recovery. They are very soon put on to a diet of potage and *purée*, followed in a day or two by bread and *nouilles*, and then beefsteak. During the first stages of the fever of course only a course of *lail tisane* is given every hour.

"It may be interesting to know that here septicemia and pneumonia are also treated by the injections of *Or* with splendid results."

PETROGRAD.

Our hospital for wounded soldiers has been full almost from the start, and I am told, has a good name at the Red Cross office. We have had visits from the Empress and the two eldest Grand

Duchesses, her daughters, and from the Dowager Empress and the Grand Duchess Etiana.

The hours for the nurses have been changed; the 24 hours' duty was soon changed to one of 14 hours, and now no one remains more than 12 hours at a stretch except when there is a press of work.

It is marvellous what the Russian mujik can stand, and what things he will recover from, and how patient and uncomplaining he is as a rule. We have sent out 85 cured; they report themselves to a medical committee when well enough and are told by that what they are to do. Some have gone back to the front; most of them have been allowed to go home for some months, with orders to report again at the end of the time. Only two have been let off further service; one of these was shot through the mouth, the other has lost his right arm.

We had a typhoid whom we nursed in a bath-room, as we were sure he would die if we sent him to a fever hospital. He will be discharged on Sunday. When the men leave we give them an addressed and stamped envelope and ask them to write on reaching their destination; thus they all do. I translate one of these letters, they are all much alike:—

"To Mrs. F., Matron of the British Hospital:—

"I send you, dear little mother, the heartiest of greetings from me, Vassili Ivanovich. Ch. and I send you deepest gratitude for your good care and presents. And also to all you much-honoured Sisters I send heartiest greetings and deepest gratitude for your good care and presents.

"I must tell you that things are going ill with me because they have sent me, a sick man, to the reserve battalion and now I don't know what I, a sick man, can do as a soldier. I must tell you that at present I am stationed at R. S.

"Again I earnestly ask you, dear Sisters, if my letter reaches you in the hospital, I then ask you if you will write to me soon as we expect shortly to be sent on.

"I ask you to excuse me if I have, perhaps, written anything wrong."

(Then follows his name and address.)

"And now good-bye for the present. I ask you not to refuse my request."

M. E. F.

JOINT WAR COMMITTEE.

The following nurses have been deputed to duty in home hospitals:—

Hill Hospital, Lower Bourne, Farnham.—Miss Bromley.

V.A.D. Hospital, Yacht Club, Gravesend.—Miss M. Terry.

V.A.D. Hospital, Abbott's Barton, Canterbury.—Miss E. C. Sage.

St. Mary Parish Hall, Tunbridge Wells.—Miss N. Windemer.

Yarrow Military Hospital, Broadstairs.—Miss E. M. Prince.

Coombe Lodge, Great Warley.—Miss H. G. Doyle.

Red Cross Hospital, Netley.—Miss M. Parker.

Highlands Hospital, Shorth Heath, Farnham.—Miss Mulvaney.

Gifford House, Roehampton.—Miss A. M. Leslie.

St. Matthew's Hall, St. Mary's Road, Willesden.—Miss C. E. Skinner.

V.A.D. Hospital, Rosherville, Kent.—Miss G. Hobbs.

Grange Hospital, Halesowen, Worcestershire.—Miss J. Hogg.

St. George's Hall, Willesden Lane, Brondesbury.—Miss E. Power.

Bere Hill, Whitchurch, Hants.—Miss S. Holton.

6, Bayswater Hill, W.—Miss A. Read.

V.A.D. Hospital, Hayes End, Hillingdon.—Miss E. Thompson.

Wicklow Lodge Hospital, Melton Mowbray.—Miss D. M. C. Howard.

Clayton V.A.D. Hospital, Wakefield.—Miss M. Gordon.

Waverley Abbey, Military Hospital, Farnham.—Miss F. Lorrimer.

Stramongate Hospital, Kendal, Westmoreland.—Miss A. E. I. Scanlan, Miss L. Boon, Miss M. K. Hickey, Mrs. May Shaw.

Laverstoke House, Whitchurch.—Miss M. J. Pearse.

Yarrow Military Hospital, Yateley.—Miss Naomi Sharman.

Officers' Convalescent Home, 28, Marlborough Buildings, Bath.—Miss Janet Elliott, Miss G. Scholefield.

Red Cross Hospital, Highfield Hall, Southampton.—Miss L. Hyatt.

V.A.D. Hospital, Corsham.—Miss A. Bleasdale, 16, The Avenue, Brondesbury Park, N.W.—Miss N. N. Macdonald.

Tydney Hall, Winchfield.—Miss M. Japp.

Purbester House, Fareham.—Miss E. Dunn.

Highlands Hospital, Shorth Heath, Farnham.—Miss D. Thompson.

Wilderness Hospital, Seal, Sevenoaks.—Miss A. Phipps.

7, Charles Street, Mayfair, W.—Miss C. E. Mulliner.

V.A.D. Hospital, Miller Institute, Barnstable.—Mrs. Mabel Crookshank.

West Ham House, Basingstoke.—Mrs. Mary Davies.

Red Cross Hospital, Christchurch, Hants.—Miss A. M. Ker.

7, Charles Street, Mayfair.—Mrs. Clazy.

Red Cross Hospital, Tewkesbury.—Miss F. Green.

Grove House Hospital, Harrogate.—Miss K. Lechmere.

Woodcot Downs Huts Hospital, Epsom.—Miss F. Campbell.

The date for the departure of the two Serbian units depends upon the time when an Admiralty boat is available. Miss Macqueen is helping in the organisation of the unit sent by the Serbian Relief Fund.

APPOINTMENTS.

LADY SUPERINTENDENT.

Gloucester District Nursing Society, Clarence Street, Gloucester.—Miss Jane Aitken has been appointed Lady Superintendent. She was trained at Guy's Hospital, and has been Staff Midwife at the same hospital, and Superintendent of the Nurses' Home (Q.N.J.I.), Watford, Herts.

MATRON.

Cottage Hospital, Thetford, Norfolk.—Miss Dorothy Shaw has been appointed Matron. She was trained at the General Hospital, Hereford, and for the last fourteen years has been attached to the hospital as Sister of Wards and Night Sister. She has also acted as Matron's locum tenens.

Norwich Maternity Hospital.—Miss A. B. Edington has been appointed Matron. She was trained at the Mile End Infirmary, London, and has been Senior Staff Midwife at the District Nurses' Home, Gloucester; Assistant Superintendent in Sunderland, and acting County Superintendent at Cambridge.

The Isolation Hospital, Bury St. Edmunds.—Miss Frances Richards has been appointed Matron. She was trained at the Burnley Infirmary, and at the North Eastern Hospital, Tottenham, and has been Charge Nurse at the Chiswick General Hospital, and Nurse at the Isolation Hospital, Bury St. Edmunds. She has also had experience of private nursing.

NIGHT SISTER.

Royal Surrey County Hospital, Guildford.—Miss Flack has been appointed Night Sister. She was trained at the Salisbury Infirmary and has held the position of Night Sister there.

SISTER.

General Hospital, King's Lynn.—Miss Elizabeth Davison has been appointed Sister. She was trained at the West Norfolk and Lynn Hospital, and has been Staff Nurse at the Children's Hospital, Pendlebury. She has also had experience of private nursing.

Lancashire and Yorkshire Railway Accident Hospital, Horwich, Lancashire.—Miss Eleanor Gold has been appointed Sister. She was trained at the Royal Infirmary Liverpool, and has had experience of private nursing.

Ashton-under-Lyne Union Infirmary.—Miss Plant has been appointed Ward Sister. She was trained at the Union Infirmary, Wolverhampton, and has had experience of infectious nursing under the Metropolitan Asylums Board. She has also had experience of private nursing.

Miss Shuttleworth has been appointed Sister in the same institution. She was trained at the Salford Union Hospital; and has had experience of district nursing, having been County Superintendent for Cornwall. She is a certified midwife.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

To be Staff Nurses:—Miss G. M. Taylor (May 2); Miss M. K. Barclay (July 8).

QUEEN VICTORIA'S JUBILEE INSTITUTE.**TRANSFERS AND APPOINTMENTS.**

Miss Mina Riden is appointed to Cornwall C.N.A. as Superintendent.

Miss Riden received General training at Tottenham Hospital, Midwifery training at the Salvation Army Hospital, Mare Street, Hackney, and District training at Hull. She has since held several appointments under the Institute, including that of Assistant Superintendent (temp.) Cornwall C.N.A.

Miss Elizabeth L. Woods is appointed to Cumberland C.N.A. as Assistant Superintendent and Tuberculosis Nurse.

Miss Woods received General training at St. Marybone Infirmary, Midwifery training at Cheltenham and District training at Bloomsbury, and has since been Queen's Nurse at Shelton and St. Bride's.

Miss Ada E. Elliott is appointed to Guildford as Senior Nurse; Miss Edith Goodwin, to Liverpool (Walton), as Senior Nurse; Miss Mabel Herron, to Isleworth; Miss Ellen Pemberton, to Biddulph; Miss Emma Tomlinson, to Radcliffe.

FRENCH CLASSES FOR NURSES.

Free classes are to be held at the Women's Emergency Corps, for nurses wishing to learn colloquial French before going to the front. A lady from Paris, a well-known sculptor, has undertaken to give lessons, and applications should be addressed to the "Nursing Department," Women's Emergency Corps, 8-10, York Place, Baker Street, W.

"FIELD HOSPITAL AND FLYING COLUMN."

Miss Violetta Thurstan's book "Field Hospital and Flying Column" is to be published by G. P. Putnam's Sons, New York and London, and is announced for an early date. It will appeal to a large and sympathetic public, and is sure of wide popularity at home and in the United States.

THE PASSING BELL.

Miss Louisa Jordan, who went out to Serbia with the Scottish Women's Hospital, has, we regret to say, succumbed to typhus fever at Kragujevatz. Miss Jordan, who was trained and subsequently held the position of Sister at the Crumpsall Infirmary, Manchester, volunteered to nurse Dr. Ross when he was struck down by typhus, and so contracted it herself. When she volunteered in December for service in Serbia she was working as a Queen's Nurse at Buckhaven, Fifeshire.

We regret to record the death of Miss Madge Neill Fraser, a well-known lady golfer, who went with the St. Andrew's Ambulance Association to work in the above hospital as nurse and chauffeur.

The sad death is reported from Nish, Serbia, of Miss Margaret Caroline C. Ryle, daughter of Dr. and Mrs. Ryle, of Brighton, aged 23, from an accident while working there in a Russian Red Cross Hospital.

NURSING ECHOES.

The Women's Freedom League has requested His Majesty's Office of Works to allow a Memorial Celebration to take place near the statue of Florence Nightingale, in Waterloo Place, S.W., on the anniversary of her birthday on May 12th, in order that fitting honour may be done to her memory. There is a widespread feeling that the unveiling by a workman was a blunder which should never have been permitted by the Committee of the Memorial Fund.

Princess Louise, President of Charing Cross Hospital, attended the Annual General Court at the hospital, when a report of splendid achievement during the past year was presented. In replying to a vote of thanks for the interest she had manifested in the hospital, Her Royal Highness spoke in terms of high appreciation of the work carried on there. "I wrote to thank Queen Alexandra the other day for coming here," she added, "and the answer I got was that 'it is the best and nicest hospital, and the people seem happier there than in any I have visited.'"

We regret to note from the reports of meetings that our Poor Law Infirmarys and District Nursing Associations appear to have great difficulty in procuring trained nurses; as for private nurses, they are at a premium; indeed, in the latter branch of work this is a psychological moment to begin; there are so many more patients requiring skilled care for serious operations than can be supplied. Hundreds of calls have been refused in the past few weeks at the office of the Registered Nurses' Society, as one-third of the members are on active duty, many are also nursing wounded officers and soldiers at their usual fees. The war is going to last too long for the whole profession to work at the half-fee rate for any length of time. Great anxiety and poverty will result amongst nurses if this system continues, though no doubt many have given their services for months with pleasure.

We note a correspondence in the press on the question of the reduction of the Red Cross nurses' fees from two guineas to one. Personally we have heard no complaint from nurses at this arrangement, but we have heard many trained nurses object to being sent to hospitals like that of the Duchess of Sutherland at Dunkirk as voluntary workers, when the male orderlies are being paid 28s. a week, and when

such hospitals are being generously supported by public subscriptions. Chauffeurs on active service also are receiving their regular salaries when attached to these voluntary hospitals. We hope the Joint War Committee which is now responsible for the nursing department will for the future not invite nurses to give voluntary service. The result of no remuneration is already an appeal to charity upon their behalf, to meet the calls of sickness and other obligations (this, we believe, at the instigation of the Pension Fund officials), which should not be necessary if trained nurses are justly paid. Let what are known as "Society" hospitals be compelled to pay for nursing service: it is the only right method of preventing distress amongst women who honourably earn their own living, and there is no reason why they should be exploited for a fashionable fad.

The twenty-fourth Annual Report of the Nurses' Co-operation, just issued, states that the most important event of the year has been the removal of the offices from 8, New Cavendish Street, to 22, Langham Street, W. The change has necessitated considerable expenditure, but the new quarters are a great improvement on the old.

There are 469 fully trained nurses on the general staff, 31 asylum trained nurses for mental patients, and 12 nurses, eligible for election, working on probation for six months.

Immediately on the outbreak of war so many nurses applied for leave to volunteer that it was necessary to remind them that permission could only be granted to a certain number, as patients at home would still require their services. Up to the end of last year 140 had been engaged in nursing soldiers at home or abroad.

At the Lambeth Police Court recently, Mr. Biron took occasion to repeat a recent expression of opinion that the nurses of the London County Council should not take the extreme step of cutting a verminous school-child's hair without a medical man's instruction. The case before him was that of Maud Ould, a married woman, who was charged on a warrant with assaulting Lillian Anne Montague, a County Council nurse. It was stated that the prisoner's reason for committing the assault was that the hair of one of her children had been partially cut at the cleansing station.

In reply to the magistrate's questions, Mr. Carter (for the London County Council) said that the nurses were specially trained for the work. In 1913 there were 9,000 cases actually dealt with, and in about 70 per cent. of the cases the hair had to be cut. It was not done until at

least six weeks' notice had been given to the parent. The prosecutrix stated that the prisoner came to her at the cleansing station and asked: "Why didn't you cut all the hair off? I know why you didn't. You know you are wrong. I know what the magistrate said last week." Afterwards the prisoner struck her with her fist. The prisoner denied striking the prosecutrix.

Mr. Biron imposed a fine of 20s., with 4s. costs.

If police magistrates will make such silly recommendations, no wonder the authority of the nurses is undermined. It is the disagreeable duty of the nurses to attend to the children's dirty heads, and they should have power to protect their companions from infection.

At a recent meeting of the Halesowen School managers the question arose as to allowing teachers to attend at the Grange, which has been turned into a hospital for wounded soldiers, for nursing, and Mr. Marsland remarked that he thought they could find sufficient nurses without calling upon teachers in these times when there was a shortage, and several schools were understaffed. The matter was left with the Chairman, who will interview the headmistress. The Clerk stated that the Birmingham authority would not allow their teachers to act as nurses in school hours.

AN ADDITION TO THE NATIONAL PORTRAIT GALLERY.

The usual ten years' rule has been waived in favour of a portrait of Miss Nightingale, which is now on exhibition at the National Portrait Gallery, under the following description:—

"FLORENCE NIGHTINGALE, O.M., 1820-1910. Organizer of nursing. Bronze cast of a marble bust by Sir John Steell, R.S.A. Presented February, 1915, by Sir Harry and Lady Stephen. Register number 1,748. Placed in Room XXVII extension."

AMERICAN NURSES WORKING FOR STATE REGISTRATION.

The nurses of Maine, Alabama, and North Dakota are presenting Bills for Nurses Registration, and are working enthusiastically in the good cause. Nebraska, Wisconsin, and Massachusetts are considering amendments. There will be strong opposition to the amendment of the Bill in the latter State, which is much more reactionary than the Western States. The district is known as New England, and apparently there is still much of our original sin in its constitution.

THE NIGHTINGALE CHAIR OF NURSING.

PRACTICAL POINTS.

The following letter has been addressed by Miss L. L. Dock, Hon. Secretary of the International Council of Trained Nurses, to Sir Henry A. Miers, F.R.S., Chairman Executive Committee, Household and Social Science Department, King's College for Women, London, in reply to his statement which was inserted in THE BRITISH JOURNAL OF NURSING on the 20th of February last, and we have been requested by Miss Dock to publish it:—

DEAR SIR HENRY.—Seeing your letter in THE BRITISH JOURNAL OF NURSING for February 20th, I beg leave to communicate with you on one or two points raised in that letter.

My use in some former article of the word "foundation" may no doubt have been technically slipshod, and I probably used it as a convenient term or noun, without thinking of its exact meaning, to your mind, in a nursing sense.

I am sure this was so, though I have not my articles at hand, because I have been aware that the St. Thomas' plan was to give scholarships to nurses for certain Courses at King's College, and in my letters and articles on the subject in the American and British Journals of Nursing I have emphasised this fact, and have pointed out that it by no means satisfied our wishes or met our ideal, which was and is to establish in some suitable place a Department of Nursing and Health, with a Professor in the Chair (a full professor, not an assistant), who shall be also a fully trained and highly qualified Nurse.

Such a Department, Chair, and Professor we have here at Columbia University, as you know.

May I say to you quite frankly that my complaint is that St. Thomas', in deciding on its scholarships, gave publicity to its plans at such a time and in such a way that our larger and more urgently needed plan for advanced education for nurses was for the time being at least thrown into confusion.

I know this, and know that it was intentionally and deliberately meant to forestall and, if possible, prevent any such plan being carried out by nurses themselves.

Yet in this country the establishment of the Department at Columbia was thought of, carried out, maintained, and guided by nurses, and Mrs. Jenkins gave her endowment on the advice of a nurse.

We, internationally, feel justly incensed and aggrieved over this incident, yet remain fully determined to have, some day, our ideal fulfilled.

I remain, very truly yours,

L. L. Dock.

Miss Dock's letter makes the whole case perfectly clear. It adds one more ugly page to the history of nursing in England. Let us turn it down.

The Destruction of Body Parasites.

Mr. Langford Moore, writing to the *Lancet*, from St. Bartholomew's Hospital, says:—

"Since last October I have had to prepare many remedies for the destruction of body parasites, which, owing to the enforced conditions of life in the trenches, have severely infested our soldiers. The drugs used have been the usual ones: sassafras, eucalyptus, aniseed, and various dusting powders which owe their efficacy in most cases to their volatility. The antiparasitic action of mercury has long been recognised, but its method of application not being idealistic, experiments were made to devise a more suitable and cleanly method of exhibition. The following has given such satisfactory results as to warrant its publication:—

℞ Hydrargyri ammoniati ..	3 i.
Zinci oxidi ..	3 ss.
Magnesii silicatis ..	3 ss.

Fiat pulvis.

"The powder is thoroughly applied to the infested areas on a lint pad or by medium of the pepper-box arrangement suggested by Mr. J. F. Briscoe, in the *Lancet* of February 20th; being non-greasy the necessity for shaving the infested part is avoided. The mercurial salt being very slowly ionised, and the astringent and dehydrating effect of the oxide of zinc inhibiting absorption, no toxic effects are produced, but an increased localised action is obtained. The French chalk is added to increase the diffusibility of the powder on application, making it closely resemble a toilet powder. The absence of fatty acids is much appreciated by the patients, staining of the clothes being quite avoided.

"I have seen the powder applied to suppurating wounds infested with vermin, with the result that in two days both parasites and ova have disappeared and the patients' mental and physical condition have been considerably improved. I have repeatedly tested the saliva and urine of patients undergoing the treatment, and have not been able to find the slightest evidence of the general absorption of the mercury, nor have I seen that painful dermatitis produced, which so often follows the application of a mercurial salt; the zinc oxide probably corrects any tendency it might have to do so. I would urge the value of the powder from a prophylactic standpoint also; dusted on the vests, pants, shirts or body, it is inimical to the development, not only of vermin, but of other organisms to which our virile defenders are exposed."

If Milk should Catch.

If the milk should "catch" at the bottom of the saucepan when making milk foods there is no need to throw it away. Place the saucepan in cold water for a few minutes, then without scraping the bottom transfer the milk to a clean saucepan. It will have lost the burnt flavour.

NATIONAL UNION OF TRAINED NURSES.

The Annual Meeting of the Somerset and Bristol Board of the above was held at the Railway Hotel, Yatton, on February 24th, under the presidency of Miss Joseph. Reports from the different branches showed that good work had been accomplished and that the lectures given by members of the medical profession and others had been greatly appreciated. One of the chief features of the year's work has been the Post-Graduate Training for Nurses, a scheme which has proved of great benefit to those nurses availing themselves of it.

It was agreed that the following resolutions be forwarded to the Central Executive:—

1. That the Somerset Board asks to be furnished with a full list of Presidents, Central Vice-Presidents, Council and all its committees as soon as it is ready.

2. The Somerset and Bristol Board hope that during this year an effort will be made by the Central Organising Secretary to form a County Board in counties where more than one branch already exists.

3. That, owing to the conditions arising out of the war, the Somerset and Bristol Board would ask the Central Executive to defer the consideration of the revised constitution until after the next General Council Meeting, at which all committees are elected.

Miss Joseph was unanimously elected to fill the post of County President, Miss M. Fry again fills the posts of County Organiser and Treasurer. Representatives to serve on the Central Council and an Executive Committee were also appointed.

The Frome Branch held its Annual Meeting on February 27th, at the Victoria Hospital, Frome, when Miss Sumner, the Matron, kindly provided tea. The Secretaries were re-elected and vacancies on the Committee were filled. Miss Duckworth, Orchardleigh, and Miss Daniel, High Place, Frome, are joint Secretaries for this Branch. Miss Fry, County Organiser, was present. There was a social gathering after the meeting, when there was an exhibition of Model Baby Garments, Health Posters, and Old Needlework.

PROFESSIONAL AND COMMERCIAL ACUMEN OF CANADIAN NURSES.

At the third annual meeting of *The Canadian Nurse* editorial Board, held at Toronto, the main business under consideration was the proposal of the Canadian National Association of Trained Nurses to take over the control of *The Canadian Nurse*. There was a strong desire to facilitate the transfer, as it has been the objective of the Board from the inauguration of the journal.

As *The Canadian Nurse* is the official organ of all the Associations of Trained Nurses in Canada, they should own and control it absolutely, otherwise, at any time, its policy may be diverted from the true interests of the nursing profession in Canada, and the handsome profits it can easily

obtain by the loyal support of each nurse, through its advertising department, be grabbed—as they largely are in England—by commercial publishing firms, who, naturally, run such publications for their own financial benefit only, irrespective of the true interests of the profession, usually with lay editors who know nothing of the spirit of nursing or the aspirations of the best nurses. We strongly commend the determination of Canadian nurses to own and control and profit by their national nursing organ, and wish them all success in the venture.

The United States of America has proved that such a policy is unimpeachable, and we feel sure Canada is wise to follow suit.

Some day, no doubt, the unbusiness-like nurses of this country will see the wisdom of diverting the £10,000 annual profits on "ads." now enjoyed by commercial firms and their foreign associates, running papers for nurses, into their own pockets. May we live to see the day in which their professional loyalty and acumen may accomplish so profitable a task.

"MODERN MEDICAL AND SURGICAL NURSING FOR PROBATIONERS."

The above collection of selected lectures by Miss C. Seymour Yapp, Matron of the Poor Law Hospital, Ashton-under-Lyne, is of special interest, as it is written by one who has had wide experience in the teaching and supervision of probationers under the poor law, and is thus able to deal, with practical knowledge, with the special problems of the poor law nurse which are rarely touched upon in the ordinary text-books. The first lecture is devoted entirely to giving an outline of the origin and progress of trained nursing in the Poor Law; a brief survey of the Nursing Order of 1897; a description of major and minor training schools, emphasising the need for well-trained nurses in the minor training schools; a comparison between poor law and general hospital training, which is not all to the advantage of the latter; the writer further asserts that the hours on duty of poor law nurses are generally shorter, and off duty time more liberal, than that of the general hospital nurses.

The special aim of an infirmiry nurse is, we read, "to grasp the importance of the progressive policy of all Poor Law administration, and the definite steps it is taking towards the prevention of indigence. She must do her share faithfully and intelligently towards helping the workers suffering from curable conditions back to fitness as soon as possible, in order that they may again become self-supporting."

Those who are considering the question of training will do well to note the opinion of the author that there is no public service which offers chances of promotion more rapidly than the Poor Law, nor to which thoroughly equipped women are more essential.

The book contains much useful information; and we are glad to note that the author realizes the duty of instructing probationers as to the

symptoms and dangers of syphilis and gonorrhœa.

We venture to suggest that it would add to the usefulness of the book if a future edition were printed in larger type. It is published by "The Poor Law Publications Co.," 27 to 29, Fournival Street, E.C.

HOSPITAL HANDBOOK IN ENGLISH AND FRENCH.

We have pleasure in drawing attention to an admirable Handbook in English and French by H. Meugens, published by Messrs. Simpkin, Marshall, Hamilton, Kent & Co., Ltd., 4, Stationers Hall Court, E.C., containing a list of drugs and dressings, medical terms, nursing necessities, parts of the body, weights and measures, and useful phrases and words in English and French. The book is obtainable in Boulogne from Merridew, 60, Rue Victor Hugo, and in Paris from Galignani, 224, Rue de Rivoli, and Brentano, 37, Avenue de l'Opera. Every English nurse working in France, and those whose duties in England bring them in contact with French speaking Belgians, should secure a copy of this most useful book, the price of which is one shilling.

"THE CHAP."

I once knew a dirty little boy—nothing strange in that—he was also rude and slack.

The farmer's wife called him "the chap," and clouted him about the head when he defied her with "imperence," and refused to carry out the pigswill before he had finished his tea.

A day or two ago I met him in all the glory of khaki swinging down Piccadilly.

I held out my hand; he gripped it. Were we not from the same village within a solitary vale?

"And how do you like soldiering?" I asked this wondrous chap.

He beamed down on me.

"Fine," he rapped out; and then he softly added: "I've fun mesen."

After we had exchanged confidences, I was inclined to surmise he had found a very gallant gentleman.

E. G. F.

COMING EVENTS.

March 18th.—Maternity and Infant Welfare. One Day Conference convened by the National Union of Women Workers, Central Buildings, Westminster. Mrs. Creighton presiding. 11 a.m.

March 22nd.—Meeting at the Mansion House in support of the Serbian Relief Fund. Speakers, the Bishop of London, the Right Hon. Herbert Samuel, M.P., and others. 3 p.m.

March 23rd.—Quiet Day for Nurses. St. James's Church, Piccadilly. Holy Communion 6 a.m. and 9.15 a.m. Morning Session. 10 a.m.; Afternoon Session, 2.15 p.m.

OUR PRIZE COMPETITIONS.

March 27th.—What are Colds?

April 3rd.—Why is the Care of the Teeth important?

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

THE CROIX ROUGE FRANCAISE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It is most kind of you to bring before the readers of your valuable paper the work of the "Croix Rouge Française." Please accept the warmest thanks of the President and Committee.

Yours faithfully,
VICOMTESSE L. DE LA PANOUSE.
President.

25, Knightsbridge, S.W.

THE DEBT IS OURS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am very much obliged to you for the honour you have done me by putting my photograph in your useful British journal. I should be very happy to take a yearly subscription, if you will let me know the amount.

Yours sincerely,
CONSTANCE GARIBALDI.

Rome.

WHEN THE WAR IS OVER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—I enclose my subscription for State Registration.

More and more one sees the need of Registration, and it is earnestly to be hoped when the war is over the matter will be settled. When we know the hardships nurses endure in times of stress and how much those who enter the profession in the right spirit give up in order to fit themselves for every emergency, it is difficult to understand why they are denied the recognition which is justly theirs.

So many failures are abroad in the nursing world, half-trained women bringing discredit on an honourable calling. So many go out to the colonies, and as there is no English Register, it is impossible to know if the information given is correct, as the oft-told tale of certificates left behind is misleading in many ways, and often not correct. With kind regards,

Yours faithfully,
J. MELITA JONES, R.N.
Hon. Sec. Central Council N.Z.T.N.A.

Auckland, New Zealand.

REPLIES TO CORRESPONDENTS.

Miss T.—Apply to Miss Davies, Matron, King George's Hospital, Stamford Street, Waterloo Bridge Road, London. Staff Nurses are still required.

The Midwife.

THE CENTRAL MIDWIVES BOARD.

MONTHLY MEETING.

The Monthly Meeting of the Central Midwives Board was held at the Board Room, Caxton House, Westminster, on Thursday, March 11th.

CORRESPONDENCE.

Letters were read (1) from the Clerk of the Council informing the Board that Professor Henry Briggs, M.B., F.R.C.S., had been re-appointed as one of the representatives of the Privy Council on the Board for three years ensuing April 1st next; (2) from the Secretary of the R.B.N.A. stating that Mrs. Josephine Latter had been re-elected as its representative for a similar period.

A letter was also received from the Clerk of the Council informing the Board that the Lords of the Council had approved the balance of £2,947 11s. 10d. shown against the Board in the Financial Statement for the year 1914 for the purpose of the Apportionment provided for in Section 5 of the Midwives Act 1902.

REPORT OF STANDING COMMITTEE.

A letter was received from the Clerk of the Council transmitting a copy of a letter from the Midwives Institute embodying a resolution passed by the Council of the Institute concerning the appointment by local bodies of unqualified and inexperienced women as Inspectors of Midwives, and enquiring whether the Board has any information justifying the implication conveyed by the resolution.

It was agreed that the Clerk of the Council be informed that the Board has no evidence of the appointment on a large scale of improperly qualified women as Inspectors of Midwives; one such case has recently come before it. The Board understands from one of its number that the resolution of the Midwives' Institute referred to apprehensions in the future rather than to delinquencies in the past. With regard to the future the Board thinks that it is highly advisable that persons who are appointed to supervise others should have received at least the amount of training possessed by those whom they supervise; otherwise their knowledge is almost sure to be insufficient to command the respect which their orders and advice ought to command. On the other hand, it is impossible to maintain that the mere possession of the Board's Certificate guarantees all the qualities desirable in an Inspector of Midwives.

A letter was received from the Medical Officer of Health of South Shields asking the opinion of the Board upon the position of a midwife who delivers a woman on the instructions and in the

absence of a medical practitioner already engaged for the confinement.

The Board considered that as regards the relation of the doctor and midwife to the patient that no harm is done if the patient clearly understands from the doctor that he will not attend the confinement if normal. If the doctor is engaged to attend the confinement *whether normal or abnormal* the midwife is acting as a monthly nurse; if she is engaged to attend the case she is acting as a midwife, and is bound by all the rules of the Board.

Letters were received from two recognised lecturers asking the Board to reconsider its decision not to continue their recognition as lecturers to pupil midwives after March 31st next.

It was agreed that the reply be that the Board regrets any inconvenience which may have been caused to the recognised lecturers; it has acted purely with the object of improving the training of midwives; also to point out that nearly a year's warning was given of its contemplated action.

APPLICATIONS.

The applications of seven midwives for the removal of their names from the Roll on the grounds of old age, ill-health, and inability to comply with the rules, were granted.

RE-APPOINTMENT OF EXAMINERS.

The present examiners were re-appointed for the year ending March 31st, 1916.

REVISION OF LIST OF RECOGNISED TRAINING SCHOOLS.

The Board decided that the Brighton Hospital for Women be removed from the list of Institutions at which midwives may be trained.

The list as amended was then approved for the year ending March 31st, 1916.

REVISION OF LIST OF RECOGNISED LECTURERS AND TRAINERS.

Subject to the removal of certain names the list of recognised lecturers was approved for the year ending March 31st, 1916.

Subject to certain automatic alterations and specific conditions in other instances the lists of registered practitioners and approved midwives for the practical teaching of pupil midwives for the year ending March 31st, 1916, were approved.

APPLICATIONS.

The application of Dr. Robert Townley Slinger, F.R.C.S., for recognition as a teacher was granted, and that of Dr. Walter Bolton Tomson *pro hac vice*.

The application of Miss Eliza Barnes (No. 23295) for approval to undertake the practical training of pupil midwives, was granted.

EXTENSION OF PERIOD OF TRAINING.

The Board, having considered the question of extending the period of training of midwives, recommend (a) That it is desirable to increase the length of training to six months as soon as arrangements can be made; (b) That this decision be communicated to the Lord President of the Council, and that his Lordship be informed that if the proposal meets with his approval the Board is prepared to consider and propose changes in the Rules to carry out this project.

The period of three months' preparation for the responsible duties of a midwife has long been regarded by those who train them as inadequate, and this important decision of the Board will give general satisfaction.

In this connection the Secretary reported that Dr. West, the representative of the Association of County Councils on the Board, who was unable to be present, was of opinion that those local supervising authorities who give scholarships would be prejudiced, inasmuch as the number of such scholarships would necessarily be decreased. He pointed out that the Local Government Board was at present considering the question of making grants for the higher education of midwives, and considered if grants were made to the County Councils in this connection it would get over the difficulty.

On the proposition of Mr. Golding Bird, it was agreed to communicate with the Local Government Board, stating that the Board highly approved of such scholarships for midwives.

A letter was received from the County Medical Officer of Health of Lancashire asking the opinion of the Board on his suggestion that it should be obligatory on a candidate for the Board's Examination to take a course of three or four months' training in a hospital or in some other approved Institution, and that she should not be permitted to receive the whole of her training under the supervision of a midwife who is not necessarily a trained nurse.

It was agreed that Dr. Sergeant be informed that the Board has passed a resolution in favour of extending the period of training to six months.

PENAL BOARD.

A special meeting of the Central Midwives Board was held on Thursday, March 12th, Sir Francis Champneys presiding.

No action was taken in the adjourned case of Miss A. J. Beatty. The Local Supervising Authority reported that she was not practising. It will be remembered the point at issue was Miss Beatty's objection to inspection. As she has not this year notified her intention to practise there is no reason for inspection, and the Board took no action.

The charges alleged against eleven midwives were then heard, with the following results.

Struck off the Roll and Certificates cancelled.—Jane Duffill (No. 974), Isabella Jackson (No. 7371), Emma Sarah Lewis (No. 3944), Emma Squires

(No. 18493), Elizabeth Thundow (No. 1833), Elizabeth Jane Tugwell (No. 23438).

Cautioned.—Mary Elizabeth Cunliffe (No. 3419 L.O.S. certificate), Catherine Shuttlebotham (No. 1285 L.O.S. certificate), report asked for in three and six months.

Sentence postponed.—Martha Anderson (No. 5027 L.O.S. certificate), Eliza Covell (No. 17309). In each case a report was asked for in three and six months' time.

One case was adjourned. This was the case of a midwife who was convicted of being drunk and disorderly, at Coventry Petty Sessions on October 13th. She admitted that she had had a glass of beer, but advanced the defence that she was upset on hearing that her son was wounded at the Front. Taking the circumstances into consideration, the Board adjourned the case for three months to give the midwife the opportunity of taking the pledge, if she did not she would be struck off the Roll. The Chairman pointed out that it must be a permanent pledge for life.

In the case of Mary Elizabeth Cunliffe, the evidence was contradictory. The first charge was that the child was suffering from inflammation and discharge from eyes, and the midwife did not explain that a medical practitioner should be called in. Dr. James Fox, who subsequently attended, stated that the case was not one of ophthalmia neonatorum, but that there was a semi-solid piece of secretion in the inner canthus.

The legal mind runs in strangely cramped lines. The midwife on January 25th advised that a medical practitioner was required, and the second charge preferred against her and laboured by Mr. Julius Bertram, the Board's solicitor, was that she "neglected to hand to the husband or the nearest relative or friend present the form of sending for medical help, properly filled up and signed." The midwife's reply to the charge was that the husband not being present, nor any relative or friend available, she filled in the form, and herself took it to the doctor's house and handed it to him personally, and that he visited the child within a few hours. These facts were attested by the mother, who, with her baby, was present. There was, she said, a woman at the back doing the house work, but no one was present, and the midwife took the form herself. Personally we should have thought it to the midwife's credit, but the rules say the form is to be handed to the husband or the nearest relative or friend, and a lawyer apparently deems it an offence for it to be conveyed to the doctor in any other way, though there may be no one to hand it to!

The only charge which the Board considered proved was that the midwife had not notified the Local Supervising Authority for four days that medical aid had been sought, and she was cautioned to be prompt in such notifications in the future. It seemed rather hard that the midwife should have been brought up from St. Helen's, and been at the expense of bringing a witness also, to receive this bit of advice, which might well have been given locally.

In the case of Isabella Jackson, Miss McClelland, the Inspector, who is a trained nurse, as well as a certified midwife, stated in a statutory declaration that she found the midwife washing a baby which was covered with faces at the same time, and in the same water, as the mother was washing her face.

In the case of another midwife who did not think it necessary to show the inspector her books, the excuse offered to the Local Supervising Authority was that she objected to be taught by a single woman. The Chairman remarked, in this connection, that the Board had not yet enforced matrimony on its inspectors.

THE MATERNAL INSTINCT.

Miss Elizabeth Ross, now working under the Queen Victoria Jubilee Institute, in Achill Island, Co. Mayo, writes:—

"That article 'The Maternal Instinct' has gone to my very soul. I have read and re-read it, and given it to others to read and all I ask is to be allowed to nurse those poor nuns. I feel quite 'strong' in maternity work, having had so much to do lately, and I might be able to spare nuns the ordeal of a doctor being present. As the sister of nuns I understand how they feel as if the trouble were my own. I think the writer of that article must have a beautiful mind; the subject (such a difficult one to treat) is handled with such delicacy and tenderness. It is a little gem.

"I couldn't do without the JOURNAL, it is such a link with the nursing world, living as I do on the edge of the world. I have had six very happy months in Achill. The winter is very wild and bleak, and all the baby cases come pouring in just in the bad months, but in the autumn there were days when from my cottage door I seemed to look on fairyland. The scenery is glorious, and the people are so nice and most interesting. In some parts of the island they speak Irish only. I am not learning it quickly. It is a difficult language.

The ways of the islanders are very different from the ordinary. They are very frightened of the fairies at night time, and no man, woman or child puts out so much as a nose after dark if he can help it. A strong man coming to give me a night call brings another 'for fear he'd be lonesome' but well do I know why he brings company. I have had forty babies since I came, and as my district is scattered over miles in all directions and across hills, and I often go to my cases (at night) perched on a saddleless horse behind a man, and crossing bogs or a river, or at the edge of the sea, there is plenty of variety.

"A few interesting people live here all the year round, authors, artists, or Gaelic enthusiasts, so I am not altogether bereft of a little social intercourse, but my monthly week-ends are only a name, as one can do so little situated 10 miles from the nearest railway station. I am far from

my friends and people and never see them unless they will come in the summer.

ASSOCIATION FOR PROMOTING THE TRAINING AND SUPPLY OF MIDWIVES.

The annual meeting of the above Association was held, by kind permission of Miss Lorent Grant, at 75, Barkston Gardens, S.W., on Thursday, March 11th. The Association, of which Queen Alexandra is Patron, is well supported as it deserves to be, by a long list of influential names on the Council. Mrs. Humphry Ward, who is well known for her practical sympathy in the Children's Play Centre Movement, occupied the chair. In her opening remarks, she drew attention to the fact that, whereas at this time of stress and strain, we found it necessary and possible to do without many things, it was impossible to do without the beneficent work that the Association represented. On the contrary, the need was greater, and the care of the mothers and the safeguarding of infant life was of very special importance. After the automatic business of re-electing the President (H.R.H. Princess Christian), Vice-Presidents, Council, and other hon. officials, had been gone through, Mrs. Ebdon, member of the Finance Committee, moved the adoption of the Report. She laid special stress upon the necessity of a high standard of efficiency in the inspection of midwives, because—she truly remarked—efficiency or inefficiency might mean the life or death of the child. She also referred to the vexed question of the doctor's fee, saying that no Amending Bill will be complete which does not definitely solve that problem. It was interesting to hear two or three of the speakers pay a tribute of praise to Liverpool for its splendid system for the care of mother and child; stress being laid upon the importance of ante-natal hygiene in force there. The midwives trained by the Association appear to have acquired a very excellent reputation wherever they are employed. Miss Lorent Grant, in moving the adoption of the Balance Sheet, deplored the withdrawal of many contributions owing to the war, and the death of many generous supporters. On the other hand a grant of £50 from the funds collected on Alexandra Day had been gratefully received, also £52 from the National Relief Fund had been allocated to the Association. Nevertheless the need for more subscribers was earnestly emphasized, and we trust it will not be in vain. One of the speakers enlivened the meeting by relating the story of a little girl, who, being very proud of her large family, remarked: "Isn't it nice, we are eight, and we should have been ten, only two of us missed the carriage"! At the close of the meeting, Miss S. M. Glass (Inspector, Q.V.J.I.), read a very interesting paper on the "Present Position of the Midwife." The guests were afterwards hospitably entertained to tea by the kind hostess.

B. K.

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EDITORIAL.

THE STATE NEEDS NURSES

The call by the State upon women to offer for war service in the industrial army, is one which has been widely acclaimed and responded to. Many who have hitherto been in doubt as to the means of fulfilling their desire to be of use in this time of national emergency have welcomed, as simple and practical, the invitation of the Government to enrol themselves as willing to undertake definite paid employment if called upon. But to those who are concerned with the organization of labour, the question of the substitution of women for men in any particular trade, where a shortage exists, appears a most difficult and delicate question.

Our own interest is centred more especially on the shortage of trained nurses, now officially admitted, and the methods by which it is proposed to meet it, and it is instructive, in connection with it, to observe the views of women on the general question.

Miss Mary Macarthur, who is intimately acquainted with labour problems, is of opinion that the Government, before issuing its appeal, would have been well advised to take into consultation the representatives of the organized trades, both men and women, and claims further that one of the first safeguards to be insisted on, is the appointment of a National Representative Committee, including a strong representation of industrial interests, and that its composition must be such as to inspire confidence in the minds of the working people. We warmly support this proposition, and take this opportunity of claiming representation, upon such a committee, of the self-governing societies of trained nurses.

WHAT IS THE POSITION OF NURSING AT THIS CRISIS?

There is a declared shortage of nurses, which is giving the Medical Department of the War Office serious anxiety, and it is calling upon married and other retired nurses to come forward and assist in relieving the situation. That

the demands of a war of the present magnitude should strain the resources of trained nurses to the utmost is inevitable. But, had the expert opinion of nurses themselves, expressed over and over again for the last quarter of a century, been heeded by the Government, the shortage would never have assumed the present serious dimensions. For years those who have studied the Nursing Question most deeply have foreseen both depreciation and shortage; they have pointed out the increasing difficulty in securing probationers of the right type, and indeed in many instances of any type, and have informed the Premier, and other members of the Government over and over again, that nursing in its present unorganized condition fails to attract the women whom it is most desirable to secure. They have pleaded for the passing of a Nurses' Registration Act, through which a minimum standard of nursing education shall be defined by a Council on which members of the nursing profession have adequate representation, and for the maintenance of a Register of trained nurses who have given proof of having attained the required standard. Such a Register would at the present moment be invaluable, both as evidence of the qualifications of nurses seeking appointments, and as affording a means of communicating with trained nurses throughout the Kingdom.

No one has done more to prevent just organization than the men who are now foremost in proposing futile remedies in the press.

WHAT CAN BE DONE AT THE PRESENT MOMENT?

In the first place, if the Joint War Committee is to control the nursing in military auxiliary hospitals, organized associations of nurses, who understand the professional and economic side of the question, should be represented upon it. Of this, men and women of wealth and social influence know little, yet from committees dealing with nursing questions representation of the organized workers is determinedly excluded, while their wealthy employers, who are seldom in sympathy with the economic independence of women, undertake to control their work.

The first thing to be considered is the welfare of the sick and wounded, and nurses are peculiarly unsuited to press for just economic conditions because the needs of the sick are paramount with them. They do not stop to consider the monetary value of their work, or the risks of infection, when confronted with relievable suffering; full of sympathy, generous and uncalculating, they only asked permission to give their skilled aid with a devotion which no money can recompense, and they receive the gratitude which no money can purchase.

But those who have studied nursing economics realize the position. The majority of nurses have no means except the salaries they earn. Frequently they have relatives dependent upon them, and as there is every prospect of the war lasting for some time we consider that the question of the salaries of those employed in military nursing outside the regular Services should be re-considered. £1 1s. a week is not sufficient for a nurse dependent on her earnings for any length of time.

It is urged that the salaries paid to those working under the authority of the Joint War Committee are equal to those of the members of Queen Alexandra's Imperial Military Nursing Service, but it must be borne in mind that emergency work is paid for at a higher rate than regular work, and that the members of the Military Nursing Service are working for substantial pensions which are really deferred pay.

The nurses who by their trained skill restore men to the fighting line, who minister to the dying, and give those who are bereaved the inexpressible comfort of knowing that everything that can be done has been done to ease the last moments of those dear to them, are some of the most heroic figures in the war. The majority take no thought for themselves, and spend their strength and risk their lives most unselfishly, but it is the duty of a grateful nation to see that the recompense they receive is in some proportion to the magnitude of the services they render.

IN SUPPORT OF STATE REGISTRATION.

We have great pleasure in acknowledging two generous gifts in support of State Registration—one of £2 2s. from Miss Violetta Thurstan as the "firstfruits of my royalties," and also £2 2s. from "A retired colonel of 77 years," whose most kind letter appears in another column. This gentleman remains anonymous as he holds a Court appointment.

OUR PRIZE COMPETITION.

WHAT ARE COLDS?

We have pleasure in awarding the prize this week to Miss Gladys Tatham, Sherwood, Roehampton Vale, S.W.

PRIZE PAPER.

To the lay mind the word "cold," or the phrase "to catch cold," usually signifies any condition in which sneezing, cough, running at the eyes or nose, or sore throat are simultaneously or separately present. The popular idea that one "catches a cold" from a current of fresh air has a slight basis of truth, from the fact that a persistent draught or continuous low temperature decreases the resistance of the system generally, and so increases the liability to contract any infection which may be prevalent. "Colds" proper are caused by the micrococcus catarrhalis, an organism of the staphylococci species, present in the nasopharyngeal secretions. The cold may begin gradually or come on very rapidly. If it is a "cold in the head," the first symptom is generally an aching tightness at the back of the throat, accompanied by general feelings of malaise. The mucous membrane of the throat and nose is at first hot and dry; then it exudes a clearish secretion, which passes on to a thick, purulent phlegm. There is an old saying that a "cold takes nine days—three to come, three to stay, three to go." If taken at the very commencement, doses of ammoniated tincture of quinine sometimes avert or minimise the attack.

"A cold in the chest" sometimes follows "cold in the head"; the chest feels sore, and there is a tight cough, which soon becomes looser and bronchial in character. The expectoration is purulent in character. Usually a cold in the chest is merely another description for an attack of bronchitis.

Influenza is sometimes disguised under the name of a cold, although there is an increasing tendency among the public to call every cold influenza nowadays.

Malaise, increased temperature, cough, headache, sore throat, copious mucous secretions from the naso-pharynx or chest may be due to the work of the micrococcus catarrhalis, or they may be symptoms of other diseases. All those suffering from such symptoms should take care of themselves and try to cut short the attacks. A few days in bed, with a light diet in cases where the temperature is up, is probably the quickest cold cure. When this is not possible the patient should avoid overheated rooms, fatigue, and indigestible food. He

should have plenty of hot milk, cocoa, coffee, Bovril, &c., and generally lead a hygienic life. If the cough is troublesome, glycerine or marshmallow jubes relieve the soreness of the throat. Gargling the throat and douching or spraying the nose with a solution of glycethymoline is most beneficial. It relieves the pain and is a valuable antiseptic.

If "a cold" does not yield to simple home treatment promptly, medical advice should be taken. Probably one-fifth of the cases of phthisis arise from neglected "colds," in reality only a cloak to the commencement of the tubercular trouble, but which, unrecognised, continue unchecked until there is serious mischief in the lungs.

Vaccine therapy has been tried for those unfortunate individuals who always catch cold on any and every pretext. Sometimes the removal of adenoids or enlarged tonsils prevents the recurrence of cold by improving the general health and removing a source of sepsis and pain.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. G. Gilchrist, Miss Gwladus M. Evans, Miss Dora Vine, Miss F. A. Sheppard, Pte. J. Buckingham, R.A.M.C., Miss Mary Mayhew, Miss E. Robertson, Miss J. Blackburn, Miss T. O'Brien, Miss C. G. Cheatley, Miss I. M. Wilson.

Miss Gwladus M. Evans writes:—Deprivation or absence of heat, and the extraction of heat from the human body by excessive or sudden cold is answerable for many illnesses, by impairing vitality and rendering persons susceptible to disease generally. Chill induces or contributes to pneumonia, catarrh, congestion, rheumatism, and many other maladies of a serious character, that is to say, the germs of disease are enabled to obtain a hold, because the powers of resistance of the organs attacked are reduced by exposure.

Miss J. G. Gilchrist writes:—The most common form is known as coryza, from a Greek word, signifying to us a cold in the head. It is an infectious condition caused by the entrance of bacteria into the respiratory tract while in a receptive state due to impaired vitality from exposure to damp, cold, and the breathing of vitiated air in badly-ventilated rooms, theatres, or cars, in some cases from places of industry where there is a dust-laden atmosphere. Predisposing causes are the presence of adenoids or enlarged tonsils, rickets, or a weakened constitution.

QUESTION FOR NEXT WEEK.

Why is the care of the teeth important?

THE HEALTH-GIVING DUST OF THE OCEAN.

FORTY YEARS OF THALASSO-THERAPY.

The value of sea air and good food in the treatment and prevention of disease is well known, and a striking illustration is afforded by the record of the Children's Seashore House for Invalid Children at Atlantic City, New Jersey, U.S.A., of which an interesting account is given in the current issue of *The Modern Hospital* by Dr. W. M. Bennett, the Physician in Charge.

Dr. Bennett classifies the work of the institution under four heads:—

1. The baby saving work.
2. The fortifying work for children not yet ill.
3. The work for convalescents.
4. The work for children with bone and gland diseases.

The institution, which was first opened in 1872, in a cottage of thirteen beds, now occupies a whole city block, bounded on three sides by wide streets, and on the fourth by the beach and the ocean beyond. It has accommodation for four hundred, and annually cares for over thirty-six hundred persons. The main building, which accommodates seventy-two patients, is surrounded on four sides, and on two floors, by ample porch room, a feature which plays an important part in the daily life of the institution; connected with the main building, at each end, is a large ward building accommodating sixty patients. These buildings are also surrounded by ample porches, giving in all a stretch of about twelve hundred feet of porches ten feet wide. A feature of the building on the ocean front is the extension seaward, on each side of the grounds, of a double row of "Mothers' Cottages," little connected cabins, nine by twelve feet, sufficiently low to cause no obstruction to the sea view or sea breeze. Each of these accommodates a mother, with her sick infant, and such well children as she may be obliged to bring with her. Ample dining-rooms and laundries are provided for these mothers. They do their own laundry work, and care for their own cabins, but their own, and their children's, meals are provided in excellent quality, and in great abundance. In a special diet kitchen modified milk and other food for their babies are prepared under the direction of the physicians, and served at prescribed hours. These cabins have been provided partly because the mother and her nursing child cannot often be separated, more often because it is realized

that the first step towards helping a sick infant should be the building up of its careworn mother. There is also, on the beach, a ward for sick infants who cannot have their mothers' care.

The influence of good food and sea air is magical; great improvement, or complete restoration, is the usual result, and mothers have refused to accept their children, until con-

vinced by distinguishing marks that there was no mistake. Over twenty-five hundred cases of gastro-intestinal disease have been cared for up to the present time. One secret of the wonderful results of this thalassotherapy is that food is given the first consideration; only the best bread and butter, and the freshest eggs and meat are purchased. Fresh vegetables and fruit are supplied, and milk is without limit, but no child is required to drink a set amount. Fresh air in abundance day and night is insisted on. The nights are passed in large wards with open windows, and, on every day that it does not

rain or snow, the bed-ridden are wheeled to open porches, where they stay until dusk, in sunshine and fresh air. In summer children able to bathe in the ocean have their daily sea baths, but tub baths of salt water are not used, as they are believed to have little advantage over fresh-water baths of the same temperature. Whatever advantage sea bathing has, and it is very great, must, in a large measure, be

attributed to the massage of the waves, and the exercise and exhilaration of the sport. The remedial effect of the contact of salt water with the skin is probably insignificant.

For many years mental sunshine has been considered a psycho-therapeutic agent of no mean importance. Happiness is cultivated throughout the institution.

Dr. Bennett concludes:—"When we realize

of how little avail most of the methods of local treatment have been, and see the great changes which take place in most of the children after their arrival at the seashore, we are forced to conclude that the secret of the change lies in the sea breeze blown over an expanse of three thousand miles, and laden, not as is the land-born wind with innumerable harmful particles, but with the salt spray, the health-giving 'dust of the ocean.'

"We cannot fathom the secret of its cure, but in our ignorance we call it thalassotherapy."

The cure is delightful as well as magical.



CHILDREN'S SEASHORE HOUSE SUNBATH PORCHES.

(NOTE THE MOTHERS' COTTAGES BELOW.)

Professor Vincent, last Monday, announced to the Academy of Science in Paris his discovery of a new anti-cholera vaccine, which is prepared in the same way as anti-typhoid vaccine. Cultures are emulsified and then agitated with ether, which kills them rapidly. The superficial layer (ether) containing fatty toxic matter is removed, and the subjacent sterile layer forms the vaccine.

NURSING AND THE WAR.

The Urgency Cases Committee have had news of the safe arrival of their unit in Bar-le-duc. The hospital has been established in a pavilion block of a huge hospital, the Hôpital Centrale, a new building which was intended for barracks, and one of the staff writes that it is an ideal place for a hospital. There are fourteen large wards and seven smaller ones, and it is hoped that eventually there will be 100 beds. The military authorities were most kind in receiving the party, and expressed their delight at all the arrangements made by the Urgency Cases Committee. The Médecin Chef has put up a reception tent for them close to the front door, and his officials will fill up all the forms, and arrange for soiled uniforms to be taken away and washed and afterwards returned to the soldiers when they are discharged. This will avoid dirt and vermin being brought into the hospital. The washing and sanitary arrangements were rather primitive, but are being rapidly improved.

The North Ormesby Hospital at Middlesbrough, which at all times serves the public well, has contributed many earnest workers to nurse the sick and wounded. The Committee offered twenty beds to the Navy, and when Hartlepool was bombarded five wounded sailors from the ship *Patrol* which went out to help, brought back seven men, two, alas! dead, and five to be nursed back to health; one, sad to say, lost a leg. The nurses were invited to see the *Patrol* when dry-docked for repairs. Next the hospital got two Marines who escaped from Antwerp. These men had great adventures. When wounded they were taken to a convent hospital, but when discovered by the Germans were so badly treated that they got civilian clothes from the kind hostess, walked fourteen miles (one in slippers), got to the coast, found a cargo boat going to Middlesbrough, got aboard, and on the voyage passed the hospital ship *Rohilla*, and could do nothing in the storm to prevent her sinking.

Many of the medical and nursing staff of the North Ormesby Hospital are now on active duty in France and elsewhere, Miss Eva Smith, Miss M. Whent, Miss N. O'Brian, Miss Aaron being amongst them. All our hospitals are doing what they can to help in this national upheaval, and doing it very well. This JOURNAL has been taken by one Sister on the nursing staff of the North Ormesby Hospital from its first issue and after a quarter of a century she still sends us a kind letter of appreciation and praise. He is a loyal State Registrationist, and we hope she may still be in harness when our Bill becomes law, and find her faithful record of good work recorded in our register. All sorts of wonderful things are going to happen after the war to recompense women for their splendid record of patriotism, and of all classes our trained nurses will deserve well of the State.

The joint Anglo-Belgian Committee of the King Albert's Hospitals for Convalescent Belgian Soldiers, at the suggestion of their principal medical officer, Professor Jacobs, have decided to establish in London, under his immediate supervision, an institution where Belgian ladies will receive a course of instruction in the principles and practice of nursing. The demand for nurses at the Front and in Flanders is so urgent that the Committee feel that they may venture to make an appeal to the generosity of the British public. The sum of £2,000 is required for initial expenses for the equipment of the contemplated institution, where the prospective nurses will not only receive tuition, but will likewise find a home.

"VICTORY IS NOT WON BY SHINING ARMS,
BUT BY BRAVE HEARTS."

There are few people who are not moved by admiration and sympathy for the gallant country of Serbia, fighting against such tremendous odds. Happy those doctors and nurses who are able to translate those sentiments into practical help. The Serbian Relief Fund, the Women's Imperial Service League, the Anglo-Serbian Hospital with Mr. James Berry, Senior Surgeon of the Royal Free Hospital in charge, the Scottish Women's Hospital under Dr. Soltau, and others are doing admirable work, but many more doctors and nurses are needed to cope with the urgent situation.

Miss Scott who was one of the Sisters who went from Leicester to join Lady Paget's unit, gives a vivid account of the journey. After the vicissitudes of the journey by sea, the journey overland even though the quickest train travelled at the rate of twelve miles an hour, must have been a welcome change. "All along the mountains and roads you could see men on mules in such funny dresses, and riding or walking shepherds watching flocks of sheep, goats or pigs. Very often we saw crosses on lonely parts of the mountains which seemed to mark soldiers' graves."

Miss Scott two days after her arrival writes: "I think I shall love being here, but the work will be terribly hard, so many nurses and orderlies are ill. Things are very, very, serious." Later, writing from the British Hospital, Skopje, she adds: "The men are all very brave; one cannot help but like them. They are as simple as children, and very grateful for all you do. Fever is raging everywhere and fighting is stopping on that account. . . . It is wonderful to see the things and places around; all the time you are out you are reminded of Bible pictures. One of the funniest things is to see great big men riding such little donkeys, and the women walking behind carrying loads or children. Never do you see a woman riding. . . . All our nurses are going to wear Turkish dresses, that is trousers and blouse. Washing cannot be done here. There is fever in nearly every house."

We regret to hear that Lady Page, is ill with typhus fever. Sir Ralph Paget has gone out to bring her home.

Dr. R. W. Seton Watson, lecturing at King's College on the "Spirit of the Allied Nations," quoted a Serbian proverb, "Victory is not won by shining arms but by brave hearts." This is typified by the King, an old man, crippled with gout, and over seventy, who went to the front in a desperate moment, and addressing the men said, "Heroes, you have taken two oaths, one to me, your King, and the other to your country. I am an old broken man, on the edge of the grave, and I release you from your oath to me. From your other no one can release you. If you feel you cannot go on, go to your homes and I pledge my word that after the war, if we come out of it, nothing shall happen to you. But I and my sons stay here."

Mr. James Berry has telegraphed home asking for 300 secondhand suits of men's clothes at once. Typhus fever is conveyed by lice, and the greatest care has to be taken to provide the patients with fresh clothes, both for their own comfort and for the protection of those who minister to them. The latest news is that the epidemic of typhus is diminishing.

The unit which Mrs. St. Clair Stobart is taking out to Serbia will include the following medical women: Miss Helen B. Hanson, M.D., B.S., Miss Isobel Tate, M.D., N.U.I., Mrs. King May Atkinson, M.B., Ch.B., Miss E. Maud Marsden, M.B., Ch.B., Miss Beatrice Coxon, L.R.C.P. and S.E., Miss Catherine Payne, M.B., B.S., Miss Mabel King May, M.B., Ch.B.

The nursing staff includes the Misses I. Thompson, C. Willis, M. MacLavery, A. Read, E. Hill, J. de Wasgindt, M. McGrow, E. V. Bury, A. Leveson, K. Lawless, D. Newall, L. Ferris, A. B. Booth, E. Collins, A. Browne. They will be very welcome, as doctors and nurses are urgently needed.

On this page will be found the portrait of Miss Mary Barbara Bennet, upon whom the King recently conferred the honour of the Royal Red Cross. Miss Bennet is a Sister in Queen

Alexandra's Royal Naval Nursing Service, and is on duty on the hospital ship *Garth Castle*. In the early days of the War she was on the *Rohilla*.

ARMY REGULATIONS SUSPENDED.

It has now been decided to suspend the regulation requiring candidates for the Military Nursing Service to have a certificate of training from a hospital of 100 beds. In view of the demands which are likely to be made on military hospitals in the near future, candidates from hospitals of 50 beds will be accepted, if suitable in other respects. The age limit has been extended from

35 to 45, and accepted candidates must serve for a year either at home or abroad as may be required. For service in the home hospitals there will be no fixed limit; Matrons, Superintendents, or Sisters, if healthy and fit for work will probably be accepted up to the age of 50, and there will be full opportunity for retired or married nurses to offer their services.

The Matron-in-Chief has circularised Matrons of civil hospitals, requesting to be put in touch with nurses who have had a certain amount of experience, other than those who are undergoing the full period of three years' training.

WAR NURSES RELIEF FUND.

An appeal has been published in the press, signed by Sir Everard Hambro, on behalf of the War Nurses Relief Fund, of which Her Majesty the Queen, and

Queen Alexandra are Patronesses. It is intended, if necessary, to help nurses employed during the War, by the Order of St. John and Jerusalem or the British Red Cross Society, each of which has contributed £1,000 to the Fund, or by the Joint War Committee. It does not apply to members of the Navy, Army, or Territorial Nursing Services, or their Reserves.

Many hard working nurses strongly object to being held up in the press as objects of charity. They consider that the Joint War Committee might well help the nurses they employ, when necessary, out of the large sums already subscribed to the societies affiliated together under the above Committee.



MISS MARY BARBARA BENNET. R.R.C.

THE MILITARY HOSPITAL, HAMPSTEAD.

Last week there was opened a new military hospital at Hampstead in the building formerly known as the Mount Vernon Hospital for Consumption. Now all that is changed. A Military Commanding Officer, Colonel Reid, is in charge, and, what is of special interest to readers of this JOURNAL, their own M.P., Dr. Chapple, with the rank of Major, is in charge of wards. Earlier in the War he was for several months serving his King and country on an ambulance train, so that members of the Society for the State Registration of Trained Nurses will realise that their Bill is in charge of a patriot as well as a politician.

One realises the transformation in the hospital as soon as one enters the doors. The entrance hall and wide corridors are dominated by men in khaki, sergeant-majors, hospital orderlies, and

lance Association, containing a variety of useful gifts. From Sister Willes one learnt that everyone has been most kind, and many of the residents in Hampstead have sent useful gifts, but she would be glad of some bed-tables on castors, made to slide over the beds, and some flower-pots for the plants which decorate the wards.

The main wards on the three floors each contain 25 beds, and are very bright and cheerful. Many of the patients were up when I visited the hospital. A service was being held, and sung in unison by men's voices—the voices of men who had fought and been wounded in the defence of the Empire—one clearly heard the words of the "tug-of-war" hymn, the soldiers' special favourite:—

The Son of God goes forth to war
A kingly crown to gain.
His blood-stained banner streams afar,
Who follows in His train?



MAJOR CHAPPLE, M.P., AND NURSING STAFF AT WORK
IN A WARD AT THE MILITARY HOSPITAL, HAMPSTEAD.

a passing medical man, while up and down the corridors pace the convalescent soldiers in smart brand new hospital uniforms of blue coat faced with white, trousers to match, and scarlet tie; the distinctive red cape of the Army Sisters and the grey cape with red border of the Military Nursing Service Reserve, are also in evidence.

In spite of his many preoccupations as Commanding Officer of a hospital only recently opened, which has already received a batch of wounded from the front, Colonel Reid most kindly gave me permission to see the hospital.

Sister Willes, a member of Q.A.I.M.N.S., is in office as Matron, and under her guidance I went round the building. I found her in her office surrounded by crates sent by the St. John's Ambu-

Who best can drink his cup of woe
Triumphant over pain;
Who patient bears his cross below,
He follows in His train.

There was something strangely moving in the simple grandeur of the hymn heard under such circumstances.

The charge of the Sister on each floor, besides the main ward, includes a sunny balcony, containing twelve beds, and smaller wards with five and two beds in each. On the second floor are two small but cheerful and airy wards, one set apart for tuberculosis and the other for enteric. They are so placed that they can easily be cut off if necessary from the rest of the floor, and be quite self-contained.

In the well-stocked storeroom one noticed, amongst other things, a row of copper coalscuttles which would be the envy of many a ward sister in a civil hospital. They are army "regulation," and the army does not easily change.

The theatre and its annexes are quite new. Both the daylight and the artificial light, the latter supplied by electricity, leave nothing to be desired. Never surely was a better arrangement of light provided over any operating table.

At the bottom of the door is a brass fixture in which the toes can be inserted, making it quite unnecessary to touch the door when opening it.

The hospital at present contains 130 beds, of which, on the occasion of my visit some 64 were occupied. The nursing staff consists of the Matron (Sister Wiles), two Sisters of the Regular Military Nursing Service, four of the Reserve, and eight members of a Voluntary Aid Detachment. These probationers are on their trial, as they are the first to come under the new regulations for members of Voluntary Aid Detachments serving in Military Hospitals. They live in the hospital, and if they pass through their month's probation satisfactorily, will sign an agreement to serve for a year.

In the grounds surrounding the hospital four additional huts, each to hold 25 patients, are being erected, which will bring the number of beds up to 230.

There, also, convalescents are able to enjoy the bracing air of Hampstead, and the admiration of the neighbourhood, and Mr. Thomas Atkins is nothing loth to converse with those who linger in the road, which runs just below, to "pass the time of day" with the men who are "heroes all."

M. B.

FRENCH FLAG NURSING CORPS.

Last week we notified the needs of Sister Workman for her patients, and expressed the hope that such gifts might find their way to the office of this JOURNAL. We have now pleasure in reporting that the very articles required (amongst them the 6 dressing gowns) were, by some psychological wave, waited into the repository of the French Relief Fund whilst our *paragraph* was in the press. That they were sent by a lady we knew many years ago (Miss Gilstrap, of Winthorpe-on-Trent) makes the coincidence (if such it was) the more extraordinary. Anyway, through Lady Barclay, the dressing gowns, ward slippers, body-belts, and pyjama suits, kindly given by Miss Gilstrap, with sheets, old linen, socks, and handkerchiefs, have been sent to Sister Workman. The truth is, the needs of an army in the field are colossal, and gifts sent to 431, Oxford Street, London, W., can always be forwarded where they are most welcome. We hear that the French soldiers are delighted with gifts from England, knowing full well they are sent in gratitude, and with admiration, for their

wonderful power of endurance of every physical pain and discomfort.

We acknowledge with thanks eight towels from Sister Thompson, R.N.S., and six pillow cases and three sheets from Mrs. Woodfall.

Mrs. Grant, mother of Sister Grant, R.N.S., has kindly sent 11 pairs of woollen socks, 2 pairs mittens, 23 helmets. "God's blessing go with them," she writes. We feel sure it does, as the following letter from the Médecin-Chef, Ambulance 14, testifies:—"Permettez moi de vous remercier bien vivement des deux caisses de lingerie et lainages remit de votre part par Miss Hanning. Les soldats retournant au front seront très heureux et très touchés quand Miss Hanning les leur remettra.

"J'apprécie hautement le dévouement et le savoir des Nurses Anglaises attachées à mon ambulance et dont je ne saurais trop faire l'éloge, &c."

Sister Sutton writes from Bergues that the splendid consignment of stores and clothes have arrived from the *Croix Rouge Française* in London, promised to us by the Vicomtesse de la Panouse, the President, a few weeks ago. "Of course, everything was welcomed by the officials. . . and we are making the place look quite different and the people also. . . You will be pleased to hear that some of the higher officials came to see the hospital Jeanne d'Arc yesterday and remarked on the cleanliness and smartness (?) of the wards, saying: 'One can see where the English nurses are.' This is just tremendous for a French officer to say to an English nurse. . . Our position has wonderfully improved within the past month—that is, looking from our starting-point to where we are now."

It is probable that Sister A. R. Cargill will have charge as Directrice of the large new Fever Hospital at Rouen, to be opened at an early date. Fifty British nurses have been requisitioned for it.

Miss J. W. Bailey, certificated Kensington Infirmary, and Miss M. Scott Macdonald, certificated District Infirmary, Ashton-under-Lyne, left London for Bordeaux on Thursday, and on April 1st eight more nurses will go to Paris en route for Bordeaux and Rouen.

When called on to a platform in a French Military Hospital to lead our National Anthem, alas! the English Sisters did not know the words. We have since sent them a copy and would now ask them to add the following verse, written by Nesta Blennerhassett, when singing our Anthem:—

God bless our splendid men,
Send them safe home again,
God save our men.
Keep them victorious,
Patient, and chivalrous;
They are so dear to us.
God save our men.

THE CARE OF THE WOUNDED.

"Christie" will sell the "antique" gifts sent in for the British Red Cross Society and the Order of St. John, on April 12th. Over 1,000 beautiful works of art have been received, and will be on view in the King Street Rooms upon payment of a small charge. There is sure to be a big crowd at this interesting sale, and we hope top prices will be paid for every lot.

The new military hospital which is to be in charge of two medical women, Dr. Louisa Garrett Anderson and Dr. Flora Murray, will be located in Endell Street, W.C., in a building which was

MENTIONED IN DESPATCHES.

Many members of the International Council of Nurses who remember the great kindness shown to them at the Paris Conference by M. André Mesureur, as Chef de Service in the Department of his father, M. G. Mesureur, Director of the Assistance Publique in Paris, will, we are sure, wish to congratulate him through their official organ on having been honoured with a "citation à l'ordre du jour," the equivalent of our "Mentioned in Despatches."

The following is a translation of the citation:—

"Lieutenant André Mesureur being on the first line of the front with his section, of which



A NEW STRETCHER NOW BEING USED IN THE FRENCH ARMY.

formerly a workhouse, but which has now been taken over by the War Office and is being transformed in accordance with military requirements. These ladies will probably rank as Majors in the Army Medical Service, and we have no doubt will add lustre to their new rank as they have already adorned that of Doctor of Medicine, a title which they most value.

Ordinary stretchers have not been found satisfactory for carrying the wounded of the French Army owing to the zig-zag nature of the trenches. Our illustration shows one of a new pattern, which has been invented by Lieut. Clérét, to meet this difficulty, and which appears to be a great improvement on the old type.

nearly half had just been killed or wounded, by 'minenwarfer' (the explosion of a mine), collected the remainder of the men with perfect coolness, and continued to occupy the half destroyed trenches, which the enemy continued to shell, until the evening.—(Signed) GÉNÉRAL BRULARD."

The value of Oxo, in illness and convalescence, is well-known to nurses in civil hospitals and private practice in this country. We learn that it is equally appreciated in hospitals at the front, and in the trenches, and this should be noted by friends and societies sending comforts to our brave troops. A consignment of Oxo is always a welcome gift.

JOINT WAR COMMITTEE.

AT HOME.

The following nurses have been deputed for duty in home hospitals :—

Glossop Hall, Glossop.—Miss Lovell, Miss D. P. James.

Yarrow Military Hospital, Broadstairs.—Miss K. E. Kemp.

V.A.D. Hospital, Hayes End, Hillingdon.—Miss A. E. Colburn.

Woodcot Downe Hut Hospital, Epsom.—Miss B. Costello.

St. Leonard's V.A.D. Hospital, Bedford.—Mrs. E. Price.

Red Cross Hospital, Furnes Road, Eastbourne.—Mrs. Barclay Thomas, Mrs. Chisholm.

Cluny Red Cross Hospital, Swanage.—Miss A. M. John.

Auxiliary Military Hospital, Southall.—Mrs. C. Alvarez.

Basildown Park Hospital, near Reading.—Miss Christophers.

Auxiliary Hospital, Timberhurst, Bury.—Miss A. Woods.

Lund Wood Hospital, Barnsley.—Mrs. Rhodes.

Woodbastwick Hall, Norwich.—Miss A. Williams.

Infirmary, Kingston, Herefordshire.—Miss M. E. Wheaton.

V.A.D. Hospital, Horncastle.—Miss R. Garvine, Miss M. McGinnis.

Woodlands Hospital, Hartlebury.—Miss N. A. Hooke.

Shorne Hill, Totton, Hants.—Miss E. Nicholls.

V.A.D. Hospital, Uppingham.—Miss E. Sage.

Hazelwood Red Cross Hospital, Ryde, I. of Wight.—Miss M. Purcell.

Military Hospital, Tynney Hall, Winchester.—Mrs. Zala.

Grange Hospital, Benenden, Kent.—Miss A. L. F. Scovell, Miss Lloyd-Acton.

Aynot Hill Hospital, Daybrook, Notts.—Miss M. F. Allan.

Red Cross Hospital, Station Road, Gillingham.—Miss G. M. Carter, Miss N. A. Barton.

Red Cross Hospital, Nelly.—Miss Ward.

Westford, Red Cross Hospital, Droitwich.—Miss H. Canpbell.

Red Cross Hospital, Bingham Hall, Cirencester.—Miss A. Ash.

MATRON.

Miss Metcalf has been appointed Matron of the Graylingwell Hospital, formerly the Graylingwell Asylum, Chichester, which has accommodation for 1,000 beds. She was trained at Addenbrooke's Hospital, Cambridge, and the Hospital for Sick Children, Great Ormond Street, W.C., and has been Matron of a Cottage Hospital near Reading.

ABROAD.

Miss D. Gray has been appointed Matron of Lady Hadfield's Hospital, Wimereux.

Mrs. de Winton has been appointed Matron of No. 2 Hospital, Rouen.

QUEEN'S SUPERINTENDENTS IN COUNCIL.

The Association of Queen's Superintendents in the Northern Counties met for the first time in Birkenhead a fortnight ago, and had a most successful gathering. The open meeting took place at the Town Hall, and the members were received by the Mayor (Alderman A. H. Arkle), who also presided over the proceedings. This Association embraces all District Nursing Associations in the North of England affiliated to the Queen Victoria Jubilee Institute for Nurses, and was founded fourteen years ago by Miss Gillie, Secretary of the Liverpool District Nursing Society, who has acted as its Hon. Secretary since its inception.

The Conference this year was held in Birkenhead at the invitation of the Superintendent (Miss Parker) and Committee of the Birkenhead District Nursing Society. The following Superintendents attended:—Miss Amy Hughes, London; Miss Burford, Sunderland; Miss Benians, Leeds; Miss Chadwick, Blackburn; Miss Carter, Dewsbury; Miss Colburn, Birmingham; Miss Epps, Bristol; Miss Fulcher, Widnes; Miss Farrar, St. Helens; Miss Graham, Carlisle; Miss Goodwin, Manchester; Miss Hardman, London; Miss Heygate, Salford; Miss Jones, Huddersfield; Miss Laycock, Halifax; Miss Mearns, Stockport; Miss M. G. Milne, Warrington; Miss A. Milne, Gateshead; Miss Morson, Chester; Miss Pilgrim, Manchester; Miss Prytherick, Bangor; Miss Pepper, Glossop; Miss Ross, Nottingham; Miss Smith, Chester; Miss Stevenson, Derby; Miss Seward, Stockton-on-Tees; Miss Walker, Bolton; Miss Wright, Bury; Miss Williams, Rochdale; Miss Crabb, Coventry; Miss Chatelier, Burnley; Miss Mills, Liverpool (formerly); Miss Colvin, Liverpool; Miss Lee, Liverpool; Miss Emuss, Liverpool; Miss Jeffries, Liverpool; Miss Barlow, Liverpool; Miss Wall, Liverpool; Miss Drysdale, Liverpool; Miss White, Crewe; Miss Hancock, Sheffield; Miss Perkins, Bangor; Miss Pritchard, Hull; Miss Murray, Todmorden; Miss Drayton, Leamington; Miss Fordyce, Lancaster; Miss McElhinney, Nelson; Miss Emuss, Darwen; Miss Gillie.

The Mayor, in welcoming the members in the name of the town, said that if ever there was a time when nursing was important it was now, as was its efficiency and organisation.

Miss Heaton gave a short but interesting account of the rise and progress of the Birkenhead District Nursing Society.

Miss Gillie stated that the Association had held fourteen conferences now. The first conference was started fourteen years ago, and was attended by sixteen, and since then the scope of the Association had been widened to include Ireland, Scotland, Wales, and as far south as Birmingham and Norfolk.

Dr. Sidney Mardsen, Medical Officer for Birkenhead, associated himself with the Mayor's welcome to those present, and said that to him as Medical Officer it was a privilege to speak with absolute knowledge of the successful work which was being done by the Nursing Association and the Jubilee Nurses, which owed much of their success in the town to the organising abilities of Miss Heaton. The first thing that happened to nursing in regard to legislation was the inspection of the Local Government Board in relation to fever hospital nursing, followed by the foundation of fever hospitals all over the country, under the charge of the municipalities, and free of charge to the patients. At first locally a fee was charged, but they found a very great difficulty in getting the people to pay anything. He therefore advised the Corporation—and he thought most other medical officers did the same—that the fees ought to be abolished. That was done, and then they had no difficulty in getting the people into the hospital. That was a very important step in general nursing. Then later came the legislation with regard to medical inspection of school children. That brought to light a great deal of misery, and neglect on the part of parents towards their children. That measure was now being carried on throughout the country in a most efficient manner. It had had a beneficial effect upon the parents themselves, and on the general home life of the children, largely due to the visiting of the nurses in the homes. The measure had resulted in such an advance in the development of the children and their home life that the Government had recently arranged for it to be carried further, and for the children to be examined additionally whilst they were attending school as well as at the ages of entering and leaving. And the tendency was to still further advance in that respect, and quite recently a scheme had been put forward in Birkenhead for the care of the nursing mother and of the child from birth to the time when it went to school and came under the school medical authorities.

A vote of thanks to the Mayor and the local committee for their hospitality was agreed to with enthusiasm.

At the conclusion of the meeting the visitors

and several members of the Birkenhead Committee were entertained to luncheon at the Town Hall by the kind invitation of the Mayor, the Mayoress presiding.

It was agreed that the Conference was a great success.

THE IRISH NURSES' ASSOCIATION.

On St. Patrick's Day, at the Hostel, 34, St. Stephen's Green, the Irish Nurses' Association held their annual meeting, which was followed by a most enjoyable social gathering. The attendance was good, all sections being well represented.

The following resolution was brought before the meeting and passed unanimously:—"That the monthly meetings of the Irish Nurses' Association be thrown open to all members to attend and discuss business."

N.B.—These monthly meetings are held on the first Saturday of the month at 34, St. Stephen's Green, at 8 p.m., except during the months of July, August, and September, when no meetings are held.

This resolution was brought forward with a view to getting the nurses to take a deeper and more personal interest in the work that is being done by the Association to uphold the standard of their profession.

The office-bearers for the ensuing year were elected as follows:—President, Miss Holden, Matron, Richmond Hospital; Vice-President, Miss MacDonnell, R.R.C., Matron, Dublin Castle Hospital; Hon. Secretary, Miss Reeves, Matron, Royal Victoria Eye and Ear Hospital; Finance Committee, Miss Carson Rae, Matron, The Hostel, 34, St. Stephen's Green; Miss Keatinge, Matron, National Maternity Hospital, Holles Street; Miss Thornton, Matron, Sir Patrick Dun's Hospital.

Tea was served before the meeting, and a hearty vote of thanks was passed to the members of the Executive Committee for their great kindness in giving the tea and for the trouble they took to make the evening a happy and enjoyable one for all.

After the meeting a "Character Advertisement Competition" and dance took place. Prizes for the three best costumes, which were decided by vote, were given by Miss Huxley, Miss Reed, and Miss Ramsden, and were presented by Miss O'Flynn to the successful competitors, who were as follows:—1st, "Buchanan's Whisky," Miss Cummings, Richmond Hospital; 2nd, "Navy Cut," Miss Shanagher, Richmond Hospital; 3rd, "Bew-

ley's Oriental Café," Miss Leonard, Richmond Hospital.

The following costumes displayed great taste and originality:—"Noblett's Toffee," Miss Strafford (this costume was exceedingly well got up, but was disqualified as it cost more than the stated price, 2s. 6d.); "Mill's Ice Cream," Miss Foot; "McClintock's Soap," Miss Morten; "Oxo," Miss Shorten; "Irish and Proud of it," Miss Clery; "Neave's Food," Miss Hounihan; "Scott's Marmalade," Miss Bluns.

SOPHIE JEFFERS, *Secretary.*

PRACTICAL POINTS.

A Suggestion for a New "Bowel Pack."

Mr. J. L. Aymard, M.R.C.S., of Johannesburg, describing in the *Lancet* his suggestion for a new "bowel pack," writes:—

"In introducing this simple contrivance to the notice of the profession I do so more to meet the difficulties experienced by general surgeons like myself than to offer assistance to those who never find any difficulties in any circumstances. The ordinary 'bowel pack' is, I think, open to objections. Indeed, to start with, the packing of protruding bowel with many feet of gauze pads, etc., is to my mind unscientific, takes time, unnecessarily blocks a limited space, and in the end does not always attain its object. Something is required completely to shut off the bowels from the area to be operated upon, which does not take up unnecessary space, which can be easily moulded, and will retain its position.

"To meet these requirements I coil fine wire between two layers of lint. The fine wire gives a certain amount of weight, and it can be moulded and bent into any shape. These pads can be made by any nurse. A piece of lint the size of the pad required is simply laid flat, then starting from the centre the fuse wire is coiled in oblong fashion, tacked at each corner at first, and down the long sides as the oblong enlarges, until the lint is covered; a second piece of lint is then placed over the wire and sewn round. I use pads varying in size from 15 or 18 inches by 10 to 9 by 5. For large size pads I use what is known as 5-amp. fuse wire, and for smaller ones 3-amp. wire. The wire should be one-third of an inch apart in the large and one-quarter in the small. It is convenient to use the wire coiled upon its original reel. Only one precaution is suggested—namely, to begin and end the wire with a small loop so as to leave no free point. The pad can be thoroughly sterilised by boiling and squeezed out in warm saline before use.

"To illustrate the advantage of this pad I will briefly quote a recent case when the contrivance proved very valuable. A lady was sent to me with a large fat abdomen, presenting a central scar. To the left of the scar was a large rounded

swelling, diagnosed on several occasions as a ventral hernia. Vaginal examination disclosed a displaced uterus and little more. I made a large oval skin incision and removed the scar, together with a two-inch thickness of fat. A good view could then be obtained. The left rectus was thinned and bulged up by some underlying tumour. I next opened the old scar and peritoneum, and at once introduced one of my largest pads with its long axis transversely.

"In introducing the pad I had pressed it together, then opened out and packed well down to the post abdominal wall, then pushed the upper edge well under the anterior wall above the umbilicus. Next I pressed the whole of the pad upwards. The tumour, a right ovarian cyst measuring about 8 inches by 8, presented itself quite free from any bowel. I then freed the cyst, carefully tied it off with tape, clamped and sutured in the usual way. The pad was then removed quite easily without any disturbance of the bowels.

"I have found this pad very useful in packing bowel away from large appendix and pyosalpinx abscesses and in various other abdominal operations. The necessity to use only one pad does away with many anxieties and achieves a definite object."

APPOINTMENTS.

MATRON.

Gower and Oystermouth Hospital, near Swansea.—Miss Mabel M. Rasser has been appointed Matron. She was trained at the Pontypridd General Hospital, and has had six years' experience in infectious nursing, during part of which time she held the position of Sister and Deputy Matron at the Scarborough Fever and Small-pox Hospital.

ASSISTANT MATRON.

Bethnal Green Infirmary, Cambridge Heath, N.E.—Mrs. F. M. Telfer (*née* Gibson) has been appointed Assistant Matron. She was trained at the Great Northern Central Hospital, and has been Sister at the Grimsby and District Hospital, Assistant Matron at the Epileptic Colony, Liverpool, Night Superintendent at the Royal Infirmary, Derby, Out-patient Sister at the Hospital for Women, Soho Square, W., and Assistant Matron at the General Hospital, Baltimore, U.S.A.

Union Infirmary, Bridport Road, Upper Edmonton, N.—Miss G. A. Wickham has been appointed Assistant Matron. She was trained at the General Hospital, Stockport; and has held the position of temporary Matron and Ward Sister at the Ilford Isolation Hospital; Night Sister and Ward Sister at the Portsmouth Infirmary and at the Bradford Union Hospital; Theatre Sister and Ward Sister at the Burnley Union Infirmary; Ward Sister at St. Pancras Infirmary; and Assistant Matron at the Norwich Fever Hospital. She is a certified midwife.

SISTER.

National Sanatorium, Benenden, Kent.—Miss Gray and Miss Newham have been appointed Sisters. The former was trained at Torquay General Hospital, and has been Staff Nurse at the Nordrach-on-Dee Sanatorium, and has done private nursing in London and has held positions at Rochester, and at a Sanatorium, near Birmingham.

Miss Newham was trained at the North Evington Infirmary, Leicester, where she subsequently held the position of Staff Nurse, and has also had experience of private nursing.

Union Infirmary, Bridport Road, Upper Edmonton, N.—Miss Crosland has been appointed Ward Sister. She was trained at the Croydon Infirmary and has been Staff Nurse at the Norfolk and Norwich Hospital. She is a certified midwife.

Miss B. M. Fawkes has also been appointed Ward Sister. She was trained at the Infirmary, Leicester, and has been Ward Sister at the Staines Infirmary, and the Portsmouth Infirmary.

Bethnal Green Infirmary, Cambridge Heath, N.E.—Miss Mary E. Gwinette has been appointed Sister. She was trained at the Camberwell Infirmary, and has been Staff Nurse at the Southwark Infirmary. She has also had experience of private and district nursing.

NIGHT SUPERINTENDENT.

West Harton Hospital, South Shields.—Miss Mary Kennedy Dinsmore has been appointed Night Superintendent. She was trained at the Sunderland Union Infirmary, and has held the position of Ward Sister at the South Shields Union Infirmary, of Charge Nurse at Monkwearmouth Hospital, and of Staff Nurse at the City Hospital, Seacroft, Leeds.

HEALTH VISITOR.

University College Hospital, London (Tuberculosis Department).—Miss Jennie Sage has been appointed Health Visitor. She was trained at the County Hospital, Lincoln; and has been Night Sister at King Edward VII's Sanatorium, Midhurst.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Sister M. M. Bond to be Matron (January 29th).

QUEEN VICTORIA'S JUBILEE INSTITUTE.**TRANSFERS AND APPOINTMENTS.**

Miss Alice Glanville is appointed to Rotherhithe; Miss Mary A. Johns, to Marlborough; Miss Jenny M. Morris, to Lancaster; Miss Charlotte Norman, to Guildford; Miss Ethel M. Willcock, to Boughton and Dunkirk; and Miss Marianne A. York, to Heckmondwike, as Health Visitor.

HONOUR FOR MRS. KIPLING.

The French Ministry of War has decided to confer the Gold Medal of Honour for the treatment of epidemics on Mrs. Clara Muriel Kipling, of the American Nursing Hospital at Paris. This medal has been generally reserved as the highest distinction for persons who have rendered great services to the science of medicine.

NURSING ECHOES.

The League Journal of the Hendon Infirmary Nurses' League, which keeps the League members in touch with one another, has as frontispiece an excellent portrait of the late Miss Mary A. Trueman, the Vice-President of the League, whose death is so sincerely regretted by her innumerable hospital friends, who during her twenty-four years' faithful service became deeply attached to her, in return for her keen personal interest in their well-being. The Journal contains a long list of League members on War Duty, both at home and abroad, who are "doing their bit," and evidently doing it well. The Editor, Miss Antoinette E. Schuller, is much to be congratulated on the literary matter and general get-up of the Journal.

For years those women prepared to give up three years or more to study nursing have urged the necessity for preliminary training centres. Just a few of the largest hospitals meet the needs of their own probationers in this way, but, generally speaking, a deaf ear has been turned to this demand. But how differently are those treated who merely wish to get a little knowledge for nursing sick and wounded. We note with interest the scheme for auxiliary nursing training schools established at Tandridge House, Surbiton, where thirty-six students enter for a six weeks' course of preliminary training. The completion of the first course of instruction was recently marked by an "At Home" arranged by the Board of Management, when the spacious accommodation of the house was thrown open for inspection from cellars to attics, and much admiration was expressed for the spotless cleanliness up to the strictest hospital standard, resulting from the daily work of the students, and also for their demonstration of home nursing in the room fitted up as a ward. It was felt that the greatest credit was due to the sister-in-charge, Sister Florence Tubbs, late of Guy's Hospital. The students are provided with a large lecture-room, where medical and surgical lectures are given, a ward fully equipped for five beds where practical nursing is taught, a convenient silence room for study, excellent bedrooms simply but brightly furnished, and large kitchens and offices for cooking instruction.

Tea was provided by the kindness of Mrs. Boret.

Later a demonstration was given by the Kingston Men's Voluntary Aid Detachment, who, with their ambulance, marched to Sur-

biton station, and carefully and realistically removed the supposed victims of a railway accident.

The convoy then proceeded to Tandridge House, where the Sister-in-charge had already been warned to prepare for wounded. The stretcher-carrying up the steep flight of steps evoked special admiration; no less than the treatment given the patients by Sister Florence and her students.

There is no doubt that such preliminary training schools have sound practical value, so long as they are reserved for preliminary work, and are not considered an equivalent for practical clinical ward work, a thorough course of which alone fits a woman to rank as a trained nurse.

In spite of the non-attendance of European nurses at the coming Annual Convention of the American Nurses Association at San Francisco in June, there is to be a large attendance of American and Canadian nurses. The *Pacific Coast Journal of Nursing* announces that the Convention will be held in the First Congregational Church, and on Sunday evening, June 20th, Dr. Aked (late of Liverpool) will devote the service to the Convention. The title of his address will be "The Nurse: Her History and Mystery."

The Clift Hotel is to be the official headquarters, and the official excursion train from the Eastern States is timed to arrive in San Francisco in the morning of 20th June.

The United States Supreme Court has settled the controversy over the eight-hour law, which includes student nurses, by upholding the law as enacted in California.

We are pleased to note from reports in the *South African Nursing Record* (some day, let us hope, to be the *South African Journal of Nursing*), and thus come into line with the sister journals of national importance) that the South African Trained Nurses' Association is slowly making progress. Meetings to form Branches have been held at East London and Port Elizabeth. Miss Radcliffe, Matron of the Nightingale Home, East London, has been elected President of the Border Branch, and Miss C. M. Abbott, Matron of the Provincial Hospital, Port Elizabeth, President of the Eastern Province Branch. At one meeting it was agreed to invite Viscountess Buxton to be President of the South African Trained Nurses' Association—a position, in our opinion, which should, of course, be held by a member of the Nursing Profession if real professional organi-

zation is to be made on a sound foundation. High official patronage, with the best intentions in the world, can only hamper organization in its inception. Women must learn to stand on their own feet if they mean to stand upright.

His Excellency the Governor-General and Lady Buxton have already paid a visit to Kroonstad, in order to visit the Dorothy Centre of the King Edward VII Nurses; and the former unveiled the bust of King Edward, which is set in a niche above the entrance. The bust, which is of bronze by Lady Scott, was presented to the Home by Lord Gladstone, and is an excellent portrait of the late King. Lady Buxton presented two copies of the *Life of Florence Nightingale* to the Dorothy Centre—a gift greatly appreciated by the Lady Superintendent and nurses.

The *Australian Nurses' Journal* reports many members of the Association at the War. Incidentally we note that as there is no system of registration in this old country, the Council of the A.T.N.A. have to make enquiries concerning the standard of training in various hospitals and infirmaries at home. We are often asked such questions from countries where registration is in force, but usually reply: "No central examination, no standard can be guaranteed." The *Journal* contains a most interesting picture of "Nurses Sitting in Sydney for Examination"—that is, for a real test Central Exam, such as we ought to have had here twenty years ago, if the commercial exploitation of nurses had not been so lucrative.

THE REFUGE OF THE DESTITUTE.

A young woman was recently brought up at the Guildhall on a charge of theft, when it was stated that her case was a sad one. She had been under treatment in a London hospital, and was still an out-patient there. The lady almoner at the hospital had taken a great interest in her, and expressed her willingness to help her. The accused girl intimated that she wished to be trained as a nurse, and the magistrate said that he should place her under probation for six months, and then she could learn to become one if she chose!

Contrast this with the action of another magistrate who, when a delinquent begged to be let off his sentence that he might enlist in the Army, promptly told him that they were decent men in the Army, and that he was not wanted there!

A CITY OF UNRELIEVED SUFFERING.

During these days of warfare and its dire effect on the manhood of our British Empire, we are, perhaps, apt to forget that "a nation never rises higher than its womanhood," and to so concentrate our attention on the relief of our wounded soldiers and sailors as to leave little time or thought for the *un-relieved* sufferings of thousands of Indian women. May we pay a brief visit to Multan Hospital, and there, see what is being done, and perhaps realize still more vividly what has to be left undone, when one Zenana Mission Hospital of 100 beds, staffed by two English and one Indian doctor, with only two sisters, a dispenser, and twelve Indian Christian nurses, is the *only* provision made for the purdah women of a population equal to that of the whole of Ireland!

Multan city, to the average Englishman, stands for beautiful blue pottery, for mosques and tombs, for memories of the gallant defence of its fort, and for heat, which is indescribable. To those who work behind the high walls of the Mission Hospital, it stands for all these, but, above all, for "a city of unrelieved suffering." Before the day dawns, purdah women, dressed in burgās, begin to arrive at the hospital gates, some walking and accompanied by servants and children, others brought in closed gais; and still others, who have spent days or even weeks on their journey, on camels.

Passing through the central gateway, and wending their way through the maze of walls within (to protect the inmates from even the gaze of men!) they find Indian nurses ready to take them to the *bari* doctor, Miss Sahiba; or to see that they are carried straight to bed in one of the airy and comfortable wards. "Well, Mai, and where is the pain?" says a bright-eyed keen probationer, all alert to try her willing but untrained skill on her new patient. "Pain—why, Bibi-ji, it is just all over me! I began to have 'burnings' and to feel the evil spirits working about four years ago, but I only heard of this Zenana Hospital in my village six weeks ago, and it has taken nearly a month for my men folk to carry me here!" The doctor's diagnosis pronounces the verdict—unoperable malignant abdominal tumour! Oh! could she have been seen three years ago, *what* suffering might have been relieved.

From dawn till nearly 9 a.m., such women continue to arrive; whilst the nurses attend to the many in-patients already under their charge,

and the English sisters prepare for operations and superintend the morning work in fifteen or sixteen wards. Then a bell calls the attention of all to the central "backbone" of the work. The patients are gathered into groups, according to caste, and missionary doctors and sisters, the Indian doctor and nurses in separate wards, seek to draw these suffering ones to the knowledge of the Great Physician of souls and bodies; and as the patients themselves express it, the next half-hour is "the asking God's blessing time." After prayers, comes a busy morning—one day the Hindu wards being specially visited—the next, the Mahomedans—and almost daily, there will be operations—Cæsarian sections, hernias, abdominal sections, being the most frequent, with a large proportion of eye cases. Here, in this private ward, we find a high-caste Hindu woman, rendered septic by a native dai's dirty hands! Her first conscious words are, "Miss Sahiba, *what* is this beautiful place? I have never left my one room for seven-

teen years; I have heard of beautiful places beyond, but *where* am I now?" Her faithful sister, waiting on her by night and day, rejoices at this sign of consciousness, and doctor and nurse rejoice that one more life has been brought back from the very jaws of death.

In the afternoons, bazaars and distant villages may be visited, strictly purdah Mohammedan doors are thrown gladly open to receive "the doctor missionary," and over and over again the call comes, "If *such* a need exists, and such a welcome awaits each doctor and nurse, where are the hundreds to go out to these suffering women, who never *can* be reached unless we go to them?"

To nurse the wounded, some thousands of English women have gladly given themselves; to nurse and teach and comfort these millions of Indian women how few, how miserably few are the workers. And yet their cry sounds loud above the din of battle, "Come over and help us"—we women of India call to the women of England."

ISABEL FRODSHAM.



MISS ISABEL FRODSHAM.

TO ALL OUR "BRAVES."

The little Pussy Willows
Come bravely creeping out,
Wrapped in their silvery furl-ets

While the weather's still in doubt.
No other thing could cheer me

As these Pussy Willows do,
With their message of the spring-time,
Except—a glimpse of you.

RELIEF FOR SERBIA.

The Serbian Relief Fund drew together a crowded meeting at the Mansion House, on Tuesday, March 22nd. The chair was occupied by the Lord Mayor. Stirring addresses were given by the Rt. Hon. Herbert Samuel, M.P., the Lord Bishop of London, T. P. O'Connor, Esq., M.P., Mr. Bertram Christian (Chairman of Executive), and Mr. Georgevitch (A.D.C. to the Prince Alexis).

The Lord Mayor, in opening the meeting, said he thought the plight of Serbia was not duly appreciated in England; we were, perhaps, more intimately associated with the fighting troops. The Relief Fund was started, not only for the relief of the people in Serbia, but also for their refugees.

The Rt. Hon. Herbert Samuel said that until recently very little was known about Serbia; we even called it "Servia." Suddenly, we had become brothers in arms, even if we were not fighting side by side. He dwelt on the fact that in a generation Serbian revenues had increased tenfold, but they were only about half those of the L.C.C., and its population only about half that of the Borough of Kensington. This small struggling State had had three great wars in a very few years. It was not surprising after this that their resistance was weakened, even collapsed. They had now three enemies to fight—Austrians, Destitution and Disease. There would be no summer crops, because there had been no sowing; there were no horses available for agricultural purposes. There was no possibility of doubting that they were now also in the grip of typhus. He had it from Colonel Bennett, the accredited representative of the Red Cross Society, that sixty men were dying each day. In one hospital, there was one doctor for 750 patients, only 20 of whom could stand on their feet. In another, for 1,600 patients there were six doctors, twelve orderlies and *no nurses*; the staff was reduced by death to three doctors and three orderlies, and in consequence the hospital had to be closed. Many of the wretched victims lay in the streets with the certainty of death before them. The remedy was far beyond the control of its own resources. If preventive measures were not set to work at once, cholera faced them when the warmer weather began. The condition of things was, he said, now far worse than it had been at any other moment. He asked his hearers to contrast it with England at this time, where business and pleasure were going on as usual.

The Bishop of London, who was in khaki, said he had just come from seeing twenty men who were blinded by the war. He wondered how the nation could carry on so many amusements in the face of all these things. He pointed out that Serbia had nothing left to cope with disease, no stores, no appliances of any kind. He spoke of how a French nurse said the streets smelt of blood. "We know," he said "of the fate of women and children in Belgium, and we know now that the same horrors have happened in Serbia. Added to all this—the scourge of typhus." He had it on

good authority that efficient sanitary work would probably save thousands of lives, but it would cost a quarter of a million. He appealed for Serbia that out of our great wealth, we should assist its piteous misery.

Mr. Georgevitch gave some telling incidents illustrating the gallant character of the "Boys" and their fathers and mothers. After a hard battle of four consecutive hours, of the 250 "boys," only seven were left. They came to their Colonel. "We are only seven left. Are we still to keep the position?" A soldier having a painful wound dressed, shifted: "Excuse me sir, I won't do it again," he said. A mother to her son who had five days' leave: "Why did you come? Take the train back to night." A father who had all his three sons killed, mourned not because of their loss, but for his little grandsons—"It will be so long before these little ones grow up to hold a rifle."

Mr. H. E. Morgan said it should not be a question of giving what we could afford we should give the sum that we would rather give than see England in German hands.

Mr. Bertram Christian said that though Lady Paget had unfortunately contracted typhus, so far they had good news of her. Mrs. St. Clair Stobart's unit, composed of women, was due to leave at the end of this week and would be tied to no building but would work where most required.

The Fourth unit (the British Farmers' Hospital) was also to start soon. This would deal entirely with fever. It would be staffed by doctors and nurses of great lever experience. Bacteriologists and the complete machinery for sanitary work would accompany them. The work must be preventive. To deal with it by cure would be the task of Tantalus. Mr. Christian then proposed a vote of thanks to the Lord Mayor, which was seconded by Mr. T. P. O'Connor, M.P., in an eloquent speech. The Lord Mayor's reply brought the meeting to a close. H. H.

At the quarterly meeting of the Scottish Council of the Queen Victoria's Jubilee Institute for Nurses, the report on the past three months' work was received. It showed that the Council were directly responsible for the maintenance of nine Queen's Nurses and twenty-five candidates receiving instruction in the Training Home. Eight candidates completed their training during the period, and were engaged in Edinburgh (temporary), Carmichael-Anstruther, Bressay, Inverkeithing, Prestwick (temporary), Leven, and Vale of Teith. Fifty-five nurses had been called up for service with the Army or Territorial Nursing Service, and 26 others were giving whole or part time services in various capacities. An interesting ceremony took place during the meeting, when the Chairman (Mr. Barbour) presented Miss Peterkin, the superintendent of the Scottish Branch, with the long service Gold Badge awarded by the Council of the Institute for twenty-one years' service.

A "DREADFUL TRAGEDY OF ERRORS."

APPALLING IGNORANCE OF NURSE AND ORDERLY. TERRIBLE SUFFERING AND LONELY DEATH OF A SOLDIER.

At the request of trained nurses in the locality, who are justly indignant at the circumstances related, we publish in full a report from *The Western Gazette* concerning the inquest on James Gribbin, a private in the 3rd Batt. Royal Scots Regiment at Weymouth. Deep indignation is felt by trained nurses that a soldier suffering, according to the medical evidence, from mortal injuries, should have been sent away from the Sidney Hall Military Hospital, to which he had been taken, and without medical advice, on the assumption that he was drunk, sent back to camp, and left to die alone, lying on the ground, just covered with a blanket, in the Guard Room.

The Coroner for South Dorset (Mr. G. P. Symes), held an inquest, at the Guildhall, Weymouth, on Monday afternoon, concerning the death of a private of the Royal Scots Regiment, stationed at the Military Camp at Chickerell, who died on the morning of Saturday, the 13th, from injuries received on the previous night through being run over by a motor-car driven by Wm. Powell, a driver in the employ of Mr. E. W. Puffett. The deceased, who was a single man, was thirty-seven years of age, and a native of Midlothian.

Mr. W. T. Wilkinson represented Mr. Puffett and Sister Cuthbert, of the Sidney Hall Military Hospital; and the police in attendance were Superintendent Sprackling, P.S. Osment, and P.C. Harvey.

The Coroner said he wished in the first place to compliment P.C. Harvey, of the County Constabulary, for the very able manner in which he had prepared the evidence for presentation to the jury.

Superintendent Sprackling thanked the Coroner for his compliment to the officer, and said he would be pleased to forward an intimation of it to the proper quarter.

CONFLICT OF EVIDENCE.

In opening the case to the jury, the Coroner said it was a very important one, and one which, unfortunately, would involve a considerable conflict of evidence. The deceased appeared to have been knocked down by a motor-car, at about nine o'clock at night, near the Weymouth Cemetery. The driver was cautioned in the usual way by the police, and he said that at the time his car came upon the deceased he was lying in the road. Then some soldiers of the Northants Regiment, who were returning to Weymouth, said they passed the deceased just before the accident occurred, and that he was then walking in the ordinary way. The man was taken from under the motor-car and conveyed in it to the Sidney Hall Military Hospital,

but, unfortunately, they had another matter to consider as to what happened there. The doctors would tell the jury that one result of the car striking the man was that the pelvis was broken, and that very serious injuries were caused. There were injuries to the head, but they were not in any way the cause of death. At the Sidney Hall the deceased was helped out of the car, and as to what subsequently took place there appeared to be a good deal of recrimination amongst the witnesses on the question of sobriety, and it appeared to have been assumed, without much question, that the deceased was intoxicated. The deceased was taken in and seen by the nurse in charge and one of the orderlies; but the fact remained that they appeared to have taken upon themselves to say that he was drunk, and that the only injury he was suffering from consisted of wounds in the head. No doctor was sent for, but after the wound in the man's forehead had been bandaged afresh he was sent back to the Chickerell Camp. And here another conflict of evidence occurred, for the nurse said that she gave instructions for him to be taken to the hospital at the Red Barracks. But at the camp the dreadful tragedy of errors did not cease, and again conflict of evidence occurred. The injured man was taken to the guard tent, and the Sergeant of the Guard stated that he was not informed that he had been run over by a motor-car, the consequence being that he was simply treated as an intoxicated man who had been picked up in the road with a cut in his head. Some of the witnesses would say that the deceased walked into the guard tent, but the doctors would say that with the pelvis bone broken that was practically impossible, so he evidently must have been helped to a very considerable extent. Anyway, he was put in the guard tent with a blanket round him, and in a short time he died. It would be for the jury to say what was the cause of death, and whether any blame was to be attached to anyone.

Wm. Powell, the driver of the motor-car, who, after being cautioned by the Coroner, elected to give evidence, stated that at nine o'clock on Friday night he was returning from the Chickerell Camp with a motor-car. The car was empty, and as he came round the corner by the Weymouth Cemetery he saw a man lying straight across the road. He applied his brakes and pulled up, but by that time the front part of the car had passed over the man. He was not travelling fast at the time, and he thought he stopped in about half the length of the car. He saw some soldiers in the road, and shouted to them for assistance. They came, and with the aid of a lamp they saw the deceased on his back under the car. When they got the deceased out he was unconscious for a short time, but he recovered and said "I'm all right." Someone fetched water, and the deceased's face was bathed, after which he was put in the car and run down to the Sidney Hall. Witness had only two very poor side lights, as he had been told that night to put out head lights. It was a very dark night. Witness went into the Sidney Hall and saw a nurse attending to the

deceased. With the assistance of a man each side of him the deceased walked into the hall. After a time he was conducted to the car again and was taken to the camp at Chickerell, where he was put in the guard tent, he walking to the tent with the assistance of two men. Witness had heard more than one of the men who first came to help say "It was not your fault, he was lying in the road." The car was not going beyond six miles an hour, and it was quite impossible to avoid the accident.

At the request of Superintendent Sprackling witness produced his licence, which showed that he had been licensed to drive a motor-car from 1st September, 1913, to August 31st, 1914. You are aware, said Mr. Sprackling, that you have not had a licence to drive a motor-car since the 31st August last?

Witness: I quite forgot it until last night.

Superintendent Sprackling: Here is the renewal form which has not been taken up.

The Coroner: So you have been driving a motor-car since the 31st August without a licence?

Witness: Off and on, sir.

The Coroner: Of course that does not really concern us, but it shows that you have not been asked for your licence by the police, and that consequently your record has been very clear.

PRIVATES SPEAK THE TRUTH.

Private Munn, of the Northants Regiment, stated that, in company with Privates Talbot and Brayne, he was returning to Weymouth from Chickerell at the time stated, and when near the Cemetery they met a Scots soldier walking along the road. The man passed witness, at which time he heard a motor-car about 15 yards behind. Then he heard a thud, and the car driver called out "My God, there's a man under my car." The deceased was got from under the car. Witness heard the driver say that the man was lying in the road, but witness had not seen anyone in that position. It was quite light enough to see anyone lying in the road. The man who walked by witness did not give any evidence of being intoxicated at all. The man who was walking might, on seeing a motor-car approaching, have crossed the road to get on his right side, and so passed in front of the car.

Private Talbot gave corroborative evidence, and added that he heard the driver say that the accident would not have happened if he had had his head light on.

Private Brayne also corroborated. The deceased he said, smelt of drink, but that did not say he was intoxicated. Witness had some knowledge of first aid work, and after the man had been got from under the car he bandaged up, with two handkerchiefs, a wound in his forehead and went with him to the Sidney Hall. As far as witness could ascertain there were no bones broken, but there was a wound in the forehead, and the man complained that his legs were hurt. At the Sidney Hall they practically carried the man inside. The bandage was taken off the man's forehead in order that the Sister might see the wound. The Sister said the

man had had drink, and she told the sergeant orderly to bandage the wound up and to send the man home. Witness told the Sister that the man had complained that his legs were hurt, but the Sister ignored this statement. Two orderlies took the deceased back to the camp in the motor-car, and witness went with them as far as the Adelaide Arms. The orderlies treated the man as a drunken man, and not as a man who had met with a serious accident. Witness was positive that he told the Sister and the sergeant at the Sidney Hall that the man had been run over by a motor-car.

PELVIC BONE FRACTURED IN THREE PLACES.

Dr. F. H. R. Heath stated that, in the presence of Dr. Manning and Dr. Lochrane, he made a post-mortem examination of the body of the deceased. There was a deep cut on the left side of the forehead, about 1½ in. long, but there was no injury to the bone. There was no gross injury to the brain, but there was a quantity of fluid, consistent with a blow on the head, which might account for semi-unconsciousness. On the left hip there was extensive outside bruising, and the right hip was also bruised. The right thigh bore an abrasion 3 in. long. The lungs and heart were normal. The left side of the intestines were bruised, and there was an effusion of blood. There was also an effusion of blood into the tissues of the pelvis, which was very marked. There was a considerable amount of smashing of the pelvis. The pelvis bone was broken into three, and there were several splinters of bone about, which showed the violence of the injury. Death was due to shock and heart failure, following the internal injury. He (witness) did not think he could have relied on being able to discover that there was fracture of the pelvis without deceased's clothes had been taken off. It was difficult to understand that the man could have sufficiently supported himself as to walk, but he might have got along if he dragged his feet, with a man on each side of him. If the deceased had been examined properly by a medical man the injuries ought to have been discovered. In witness's opinion the injuries might have been caused by the axle of the car and not the wheels at all. Even if medical aid had been provided at the Sidney Hall or the camp he did not think the life of the deceased could have been preserved.

DIED ALONE IN GUARD TENT.

Dr. Neale Lochrane, surgeon at the Royal Scots camp, stated that on Saturday morning, at five o'clock, he was called to a man who was reported as having died in the guard tent. He examined the body, but could form no opinion as to the cause of death. He was present when the post-mortem was being conducted by Dr. Heath, and he agreed with his evidence. When a case was sent from the Sidney Hall to the camp it was generally assumed that it had been seen by a surgeon, and the orderly would not need to send for him unless a special message had been sent.

Dr. Manning observed that the pelvis bone was the strongest bone in the human body, and he did

not think that the wheel of the car could have caused the extensive injury inflicted on the deceased.

Private Sharman stated that he assisted to convey the deceased to the Sidney Hall. He heard the sergeant ask the deceased for his name and number, but he did not reply.

DISCREDITED EVIDENCE.

Sergt. Geo. Collier, of the R.A.M.C., stationed at the Sidney Hall Military Hospital, deposed to receiving the deceased, who he was told had been injured in a motor accident. On being got inside, the deceased gave witness his name, his Company, and the name of his regiment, but could not give his number. He asked if the man had been run over, and someone present said he had not. Witness told the Sister that he thought the deceased was more under the influence of drink than anything else, because he mumbled as a drunken man would. Later the Sister asked him to take the bandage off the man's head. She bathed the wound with carbolic lotion. Deceased said "There is nothing the matter with me, only I have had some drink." The only thing he complained of beside the wound in his head was a pain in the right knee, but witness could not find any trace of blood on the clothing or detect any fracture. The Sister saw the wound, and she told witness to dress it and send the man home. It was not correct that the Sister ordered the man to be sent to the hospital at the Red Barracks. He did not send for a doctor because he thought the injuries were so slight.

DANGEROUS INTERFERENCE OF THE SEMI-TRAINED.

Sister Jean Cuthbert, nurse at the Sidney Hall Military Hospital, accepted the responsibility of being in charge of the building when the deceased was brought in. An orderly told her that a man had been brought in injured in a motor accident, and he added that he thought the man was drunk. Then Sergt. Collier came to her and told her that he had bandaged the head of a man brought into the casualty ward, and that he appeared to be in a drunken condition. She saw the man on a sofa in the casualty ward, and he then complained of pain in his leg. He smelt of drink. She asked Sergt. Collier if the man had been run over, and he said he had asked the men who had brought him in, and they had said "No." She did not ask the patient himself what had happened to him. She asked him if he had any pain, and he pointed to his knee. She felt his knee, but did not make any further examination to ascertain if any bones were broken. Collier might not have heard her tell him to have the man sent to the Red Barracks Hospital because there was a certain amount of noise.

The Coroner: But did you not order the noise to be stopped? Surely you do not allow people to come into a room where a patient has been brought and do as they like. Have you no authority? It seems extraordinary that there should have been a crowd of people in a receiving ward like this.

Witness said she ordered the case for the Red Barracks because she assumed it was a case of intoxication, and thought that was the best place for the man. There had been trouble at the hall with such cases before. She saw the man walking between two orderlies, as she thought, and she assumed that the injury to the forehead was the only hurt that he was suffering from. No doctor remained at the hall all night, but when a case arose requiring his attention one was telephoned for.

Sergeant John Hewett, of the Royal Scots, stated that he was in command of the guard at the Chickerell Camp. An orderly told him that a message had been received from the Sidney Hall stating that a man named Gribbin had met with a motor accident, that he was under the influence of drink, and that he was being sent to the guard-room. Deceased was carried from the car to the guard tent with his feet dragging.

The Coroner: Was any effort made to see if he was injured at all?

Witness: Well, I saw the orderlies moving his legs up and down.

The Coroner: What, do you mean to say that it is an actual fact that they moved his legs up and down? You have heard the doctor say that such a thing must have caused awful pain. Or was the man unconscious at the time?

Witness: Well, he did not say anything. (Sensation.)

Continuing, witness said that throughout the night deceased kept on asking for water. At his request witness took off his boots and puttees, and he said he felt a bit more comfortable after that. He said, "Sergeant, if you were in my position and I was in yours I would do the same for you." It was at about 2.30 that he gave the deceased the last drink of water, and at about four o'clock it was found that he was dead.

The Coroner, in summing up the evidence, remarked that there was no resident medical man at the Sidney Hall. It would be presumptuous for him to express an opinion on such a matter, but at the same time he could not help thinking that at a place where there were 120 wounded men, and where casualties were at any moment likely to be brought in, if the medical staff could see their way to have a medical man in attendance all the time it would be a good thing. It did not appear that anything done at the Sidney Hall or at the camp had conduced to death, as the medical opinion was that death would have inevitably resulted.

PEOPLE IN CHARGE INEFFICIENT.

The Foreman of the Jury (Mr. Macey), after private consultation, said they found that death had resulted in a way described by the medical men, and that there was no blame to be attached to the driver of the car. They were of opinion that the people in charge of the hospital on the particular night in question were inefficient, and that a qualified medical man ought always to be on the premises. Sergeant Collier's evidence they

thought very bad indeed, and they did not agree with it.

The Coroner said he would forward the view of the jury as to the medical staffing of the hospital to the proper quarter.

A QUESTION FOR THE PUBLIC.

We are informed that the Sidney Hall Military Hospital, Weymouth, which is a hospital of 120 beds, has no resident Medical Officer or Matron, the Matron of the Royal Hospital (a hospital of 18 beds), looking in for a few hours daily.

The so-called Sister, in charge on the night in question, owned at the inquest she had no certificate, and we are informed that she is not a fully trained nurse. She has therefore no right to the title. She has now been superseded.

As the unreliable evidence at the inquest was calculated to injure the character of the dead, and to add to the pain of his widowed and grief-stricken mother, we desire to put on record the testimony of William Micking, sergeant, Royal Scots, who identified the body of the deceased. He said that Gribbin was a man of good character, with a clean sheet. He was a keen soldier. He was a sober man.

The whole case is a commentary on the Resolution passed by the National Council of Trained Nurses on December 3rd, 1914, and sent to the Secretary of State for War, and affords one more proof in support of the Statement submitted, by request, to the Director-General of the Army Medical Service.

The National Council of Trained Nurses petitioned the Secretary of State for War (whose Department is primarily responsible for the health and comfort of the troops) "to prevent . . . inefficient nursing, and the subjection of the sick and wounded to the dangerous interference of untrained and unskilled women, who have been placed in positions of responsibility for which they are not qualified, greatly to the detriment of the discipline in Military Auxiliary Hospitals, and the general welfare of the sick."

We ask the public to judge whether the system of nursing, as exemplified in the case under consideration, is an efficient system, calculated to provide the skilled care to which every sick and wounded soldier has a right. We may point out there was no resident Medical Officer, no resident Matron, no competent trained nurse in charge on night duty, and we ask all mothers and fathers who read the account of this case how they would feel if this poor man had been one of their own sons. True, his life might not have been saved,

either by skilled medical or nursing attention, but that is no reason why he should have been refused the shelter of the hospital to which he had been taken, and sent, with a fractured pelvis, described by Dr. T. Davys Manning "as broken to pieces," and other injuries, to die a lonely death in a guard tent, instead of receiving skilled care, and consequent relief of his terrible sufferings, at the hands of trained nurses.

Do not forget that this man was prepared to risk his life in the defence of the Empire, and that it is the duty of the public to insist that a system which makes such risks possible for our soldiers shall once and for all be re-organized.

The National Council of Trained Nurses are prepared to help to improve the present system of military nursing, and in a letter addressed last week to the Director-General of the Army Medical Service at the War Office, we, as President, requested that the following propositions might receive the consideration of the Army Council, and that we might be afforded the courtesy of a reply.

1. That a representative Committee shall be appointed to inquire into and report on the necessary reorganization of nursing in Military Auxiliary Hospitals.

2. That women with expert knowledge of the Nursing problems to be solved by the War Office may be appointed on to the Army Medical Advisory Board.

3. That a new section of the Department of the Sanitary Service of the Army may be organized in which the expert knowledge of women in domestic and nursing science, and their practical help, may be available.

We feel sure that those who read this "dreadful tragedy of errors" will realise that the War Office would do well to avail itself of the co-operation of experts on the Advisory Board in its attempt to organize women's professional work.

E. G. F.

THE RELIGIOUS ASPECT OF THE WOMEN'S MOVEMENT IN RELATION TO WAR AND PEACE.

Those who had the privilege of attending the one-day Conference on this subject, convened by the Collegium, on the 22nd instant, had a rare intellectual and spiritual treat.

The speakers were earnest-minded men and women—thinkers, altruists; who had studied the causation and problems of peace and war from the threefold aspect of religion, sociology, and

industrialism. Among all the good speeches, the one that made the strongest appeal perhaps, was that delivered with great persuasive power by the Rev. A. H. Gray. He dealt forcefully with what he called the 'anti-social factors which pervert moral truth.' "We shall never get sound moral thinking so long as we think untruly about the great issues which lie underneath the facts," he argued. The delusions from which war springs, have a terrible hold upon our lives. Mr. Gray went on to affirm that the Women's Movement was capable of anything. There was a note of warning in his voice when he said that the one thing necessary to heal the wounds of the world just now, was to abstain from the spirit of hate. The Women's Movement and other movements must work together to acquire a new religion which shall be the true Christianity. It was necessary to get back to Christ from whom we have strayed, and Whose will has not been done, hence this Armageddon. In an eloquent and impassioned speech, Mrs. Barbara McKenzie spoke of warfare in our social and religious life. "The Women's Movement," she said, "has shown us a sensitiveness and elasticity that our stodgy nation badly needed. England's honour has got to be fought for in Piccadilly and Leicester Square as much as in the trenches." She referred with righteous indignation to the low rate of wages paid to girls working in Armstrong's factories, where they have been employed night and day since the war broke out.

Miss Zoe Fairfield spoke on the dethronement of Force. Quoting Dr. Mott's words in his latest book, she said we are not called to-day to dream of peace, we are called to make peace.

The Bishop of Lincoln—the President of the Church League for Women's Suffrage—was the last speaker. He expatiated upon the merits of the right kind of warfare, and the demerits of the wrong kind of warfare. "God grant this awful war may soon be over, and the peaceful, bloodless war of controversies, argument, discussion, persuasion and kindness may take its place. The Sword of the Spirit must be our method of warfare." His Lordship spoke strongly upon the blessing and power of liberty. The liberty of nations—constitutional, religious liberty. There could be no character without liberty, and no space for self-realisation. "We count most," he remarked in conclusion, "upon the womanhood of our nation, and the boundless love of women."

It may be truly said that the day was one of inspiration and aspiration.

B. K.

COMING EVENTS.

April 13th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Lecture on "Burns and Frost-bite." Dr. Mabel Crawford. 7.30 p.m.

April 15th.—Monthly Meeting of Central Midwives' Board, Caxton House, Tothill Street, Westminster, S.W. 3.30 p.m.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

ABSENCE OF REGISTRATION A CRYING EVIL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—Owing to advancing years and consequent infirmities I have had for some time to get the help of trained nurses from the Registered Nurses Society. The assistance and devoted attention I have invariably received from them, and their care and knowledge have been of the greatest use to me, and I have learned to realise how necessary, in the interests of those suffering, it is that the Registration of Trained Nurses, which you so constantly and wisely urge in your paper, should be accomplished. If there is any way in which I could assist in this I should be only too glad. I feel that the absence of Registration is one of the crying evils of the day, and surely, now that so many of these trained nurses are giving up their time, their knowledge and their devotion for our sick and wounded, it is the time for Registration to be pushed more than ever. I enclose a small donation towards the expenses which this work must entail.

Your obedient servant,

A RETIRED OFFICER OF 77 YEARS.

[Our correspondent has kindly enclosed £2 2s.—ED.]

A JUST DISTINCTION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I note some of the Women's Societies plead that if women come out and do men's work, so as to supplement necessary labour, they shall share in national rewards. This seems fair enough. Let us trained nurses make up our minds that the State shall give us Registration as our reward. Our work is of great national value, and has been most despitefully used. Now we are to have the terrible anxiety of supervising untrained girls in military hospitals, in a proportion far exceeding the safe minimum in general hospital wards, and I have no doubt we shall do it with all our health and strength for our "Braves." But when the war is over we shall have an undeniable right to some distinction from the V.A.D. probationer, and that distinction must be State Registration of Trained Nurses.

Yours truly,

S. K. M.

CHARITY BEGINS AT HOME.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I observe in the press that the Chairman of the London and some of his colleagues are very profuse in their advice as to how to meet the shortage of nurses for the care of our sick and wounded, of course by giving a

smattering of knowledge to the untrained. May I venture to suggest that he should release the 280 nurses on the Private Nursing Staff of the hospital, for military service. These nurses would completely staff three Territorial Hospitals of 500 beds each.—Yours truly,

SISTER, TERRITORIAL HOSPITAL.

[An excellent suggestion.—ED.]

"EVERY CHILD OUGHT TO BE A LOVE CHILD."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In the discussion raised by the tragic matter now in our midst, one point appears to have been entirely overlooked. Those who have made an extensive study of the subject assert that when the inception of a new life is the outcome of violence, hate, lust or drunkenness, the child is denied a harmonious nature and—as character and destiny are interchangeable terms—a favourable destiny also. Personally, so far as my investigations have carried me, I have found this to be true. The child who is begotten as the result of a reconciliation between the parents after a violent quarrel is common amongst us. So is the offspring generated in a drunken bout on the part of either parent or both. In physique, in character, more especially in its nervous system, such a child carries the penalty of the parents' sin throughout its life. An environment from birth as nearly ideal as can be secured may do much to modify this penalty; but the fact remains that the child has been defrauded of its birthright and no subsequent love and care can restore this.

"Every child ought to be a love child," said a great man to me once. Those who live or work amongst the lower classes have ample opportunity for observing the superiority of the true love child. It almost always has a sunny, loveable nature, and, unless the mother has suffered anguish and starvation before its birth, a sound constitution also.

One eminent divine has recently stated, "Every atom of the body of a child is formed from the mother's body only." This is a dangerous partial truth. The complicated and elusive laws of heredity frequently impose on the offspring of a pure and sound mother an almost exact reproduction of the physical body of a degraded father.

To create a wholly satisfactory child, the emotional, spiritual and physical state of the parents should at the moment of its inception be the highest to which they can attain. Owing to ignorance, selfishness and a false sense of shame the vast majority of children are begotten in the worst conditions. And so evolution is hindered, and we pour out gold, time and human energy like water in continuous tinkering at these children defrauded of their birthright, instead of tracking the evils to their source, and putting matters right there.

Midwives and maternity nurses have wide scope for influence on this point. After all, it is

true that more evil is wrought by want of thought than want of heart. Sheer, crass ignorance is the biggest stumbling block we have to demolish.

The coming children of the Huns will offer a magnificent field for experiment to those who maintain that environment is stronger than heredity. It is to be hoped that eugenists with ample means will avail themselves of this opportunity in the interests of the science of eugenics, and at the same time alleviate the tragic sorrows of hundreds of mothers and their little ones.—I am, Dear Madam,

Yours faithfully,

A STUDENT OF CAUSATION.

OPPOSED TO CATHOLIC TEACHING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—I have just read in THE BRITISH JOURNAL OF NURSING of the 20th ult., the article entitled "The Maternal Instinct." I see that the writer quotes a sermon said to have been preached in Flanders by an aged priest, and it occurs to me that the following paragraph in *The Tablet* of March 13th may prove interesting to your readers in this connection.

"Mgr. Wachter and an Alleged Sermon." The Westminster Catholic Federation has received the following letter from Mgr. de Wachter, Bishop Auxiliary of Malines, concerning the report of a sermon preached by an unnamed Belgian priest:—

"My attention has recently been called by the Westminster Catholic Federation to a sermon alleged to have been preached by a Belgian priest, advocating a certain course of conduct to Belgian women who had been the victims of German excesses of a terrible type. I beg to state that this story is entirely an invention, and as all Catholics know, is entirely opposed to Catholic teaching."—Yours, &c.,

M. A. MAGRUDER.

Edinchip, Balquhider, R.S.O.

OUR PRIZE COMPETITIONS

April 3rd.—Why is the Care of the Teeth important?

April 10th.—Describe the various digestive juices and their action.

April 17th.—Describe the condition of urine in Cystitis, Bright's Disease, Hydro-nephrosis, Rheumatism, and Diabetes.

NOTICE.

Candidates for the French Flag Nursing Corps from the country can be interviewed by arrangement with Lady Barclay, 60, Nevern Square, London, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Monday, 20th, from 2.30 to 5 p.m., to interview candidates. Candidates must be well educated and hold a three years' certificate of training. Fewer experience is a great advantage. Nurses speaking French are preferred.

The Midwife.

MATERNITY AND CHILD WELFARE SCHEMES.

A Sessional Meeting of the Royal Sanitary Institute was held at 90, Buckingham Palace Road on Tuesday, March 9th, at which an extremely interesting and instructive paper was read by Dr. E. W. Hope, D.Sc., M.O.H. for the City and Port of Liverpool.

To all those who think fundamentally, and we may reasonably add *imperially*, the question is one of vital importance. This great northern city has the well-merited reputation of being in the forefront of social service activities, and Dr. Hope is evidently one of those who both think and act fundamentally; this he manifested in his opening remark, "Infant welfare, comprising as it does maternal welfare and ante-natal hygiene, is one of the most important and far-reaching obligations which rest upon sanitary authorities. Although it may not be fully realised, the subject is nevertheless the well-spring of all sanitary operations, great or small." He urged the great necessity of the co-operation of voluntary agencies with the local sanitary administrators and the Government Departments, statutory powers, he maintained, being powerful aids not possessed by voluntary agencies. Co-ordination, he insisted, must be aimed at. With this opinion we are in perfect accord. Referring to the memorandum issued by the Local Government Board last July, Dr. Hope said that the first reference was, as it ought to be, to the arrangements for the local supervision of midwives, as the midwife is naturally an important factor in a complete scheme for infant and maternity welfare, and ante-natal hygiene. There are 208 midwives working in the city who are, with very few exceptions, fully-trained women. Through the encouragement of the M.O.H. they have formed themselves into an Association, the advantage of which has been proved to be great, namely, that the midwives as a body are more closely linked up with sanitary administration than they ever were before. To themselves also the advantage is apparent, for they can, and do, arrange for themselves special courses of instruction. They all fully appreciate the importance of ante-natal hygiene, a large number of them systematically instruct their patients, some of them even hold classes of instruction in personal hygiene, care of infancy, including clothing, feeding, &c.

It was very interesting to learn that there are no less than five Corporation Infant Welfare Centres in Liverpool, the chief feature of which is the provision for the distribution of a suitable food for infants whose mothers are unable to suckle them. Expectant or nursing mothers, also,

who are suffering from malnutrition may be sent there by midwives or doctors, and they also receive certain quantities of milk daily at a cheap rate, or in some cases free of charge. The average daily number of infants fed at these depots during the year is 1,100. As Dr. Hope described, graphically and in detail, all the methods in practice for the ante-natal, natal and post-natal care of mothers and infants, we could not help feeling that Liverpool richly deserves its reputation as a progressive city in social service.

When women leave the Lying-in Hospital, the "Mothers' Visitors," working under the Liverpool Ladies' Sanitary Association, are notified, and they visit them until the babies are about twelve months old. So comprehensive is the scheme for post-natal hygiene, that it comprises the keeping in touch with young children as they grow older. Briefly, the ideal of a perfect system of care of the child, from the pre-natal period to school age, when it comes under the care of the school doctor and the school nurse, is fully materialised. Among those who took part in the lively discussion which followed were Dr. J. S. Fairbairn, F.R.C.S., F.R.P.S., General Lying-in Hospital, Lambeth; Dr. Eustace Hill, B.Sc., M.O.H., Durham County Council; Dr. Eric C. Pritchard, M.A., M.R.C.P., Hon. Physician Infant Consultations, St. Marybone General Dispensary; Dr. Arthur Newsholme, C.B., F.R.C.P., ably filled the post of Chairman.

THE BRITISH HOSPITAL FOR MOTHERS AND BABIES.

The Local Government Records and Museums Committee of the London County Council at its meeting on Tuesday last stated that on June 30th, 1914, they reported on a draft scheme of the Charity Commissioners relating to the British Lying-in Hospital and the Home for Mothers and Babies. It was proposed to amalgamate the British Lying-in Hospital Charity with the Home for Mothers and Babies in Wood Street, Woolwich, under the title of the British Hospital for Mothers and Babies. The British Lying-in Hospital consists of premises in Endell Street and Betterton Street, Long Acre, and it appeared possible that the amalgamation would shift the area of benefit from the central districts to the outskirts of the county, and that persons resident outside the county would participate in the benefits of the charity to a larger extent than heretofore. The area of benefit of the charity was not specifically stated, and after consulting the Education Committee and the Midwives Act Committee, they asked the Charity Commissioners to amend the draft scheme—(i) by restricting the benefits of the charity to residents within the County of London; or (ii) by making it clear that there are no limitations in the area of benefit, and that the

proposal to transfer the hospital to Woolwich has no significance in regard to patients or students. The scheme has now been settled, and the Charity Commissioners state that in order to meet the point raised by the Council, they have modified the scheme by adopting the exact wording of the original declaration of trust. This alteration is the substitution of the word "Metropolis" for the words "Metropolitan Borough of Woolwich" in clause 5 of the scheme, which now provides that the objects of the charity shall be the establishment and maintenance in the metropolis of a maternity hospital and school for the higher training of midwives.

LEICESTER AND LEICESTERSHIRE MIDWIVES' ASSOCIATION.

The first Annual Meeting of the above Association was held at the G.F.S. Rooms, 5, St. Martin's East, Leicester, on Wednesday, March 10th.

Dr. Bond was in the chair. Mrs. Robinson, Mrs. Russell Frear, Mrs. Sanders, with other visitors, and a large number of midwives from the town and county were present.

Letters of regret at being prevented from attending were received from the Mayoress, Dr. Gertrude Austin, Mrs. Bigg, Lady Beaumont, Dr. Killick Millard, Dr. Montague Williams, Dr. Lewis Lilly, and others.

The President spoke of the pleasure it was to the Committee to welcome that gathering. They deeply regretted the absence of Mrs. Bigg (through family illness), who had done so much for the Association.

The President feelingly referred to the death last month of Mrs. Brant, whose beautiful personality and keenness in her work endeared her to all.

Dr. Robinson moved the adoption of the report, and spoke of the inspection of Midwives.

The Lady Mary Glyn said that she felt that afternoon exactly as some men did of whom she had read in the morning. The men on leaving the trenches wished to cheer, on being asked why, replied "they did not know, but they must cheer." She wanted to cheer, for great was the advance made in the position and work of midwives since more than twenty years ago, when she began to help to get the midwives' profession legalised. Lady Mary spoke with appreciation of the immense work done in that cause by Mrs. Wallace Bruce.

Dr. Skipworth, in proposing a vote of thanks to the chairman, speaker and Mrs. Sanders, gave some interesting details of the work in country districts.

The Hon. Officers for the ensuing year are:—*President*, Miss Pell Smith; *Vice-Presidents*, Dr. Gertrude Austin, Miss Grey, and Miss Bacon; *Hon. Treasurer*, Mrs. Bigg; *Hon. Secretary*, Miss Howe.

At the York Maternity Hospital free maternity benefits are granted to wives of sailors and soldiers on active service, and to Belgian refugees.

BABY CONSULTATIONS.

A subject which is engaging the attention of the directors and Medical Board of the Edinburgh Royal Maternity Hospital is the establishment of "baby consultations" in the hospital. Some two thousand confinements a year are attended in connection with the institution, and several hundreds more are dealt with through the five dispensaries which work in association with it, and it is therefore very appropriate that the hospital should be the centre of the work of this kind among young infants which have been brought into the world under its care for some months, or perhaps a year, after birth.

THE ABERDEEN MATERNITY HOSPITAL.

A very satisfactory report was presented at the recent annual meeting of the Aberdeen Maternity Hospital, and Lord Provost Taggart, who presided, in moving the adoption of the report, congratulated the directors on the excellent work that had been done in the institution during the year. The number of cases treated was 203, an increase of 18, and in the homes of the patients in connection with the outdoor department, 95 cases were treated, a decrease of 15. The institution was a great boon to poor people, and was also of great benefit in the training of nurses and students. The directors took over the hospital in 1912 with a debt of £3,743, but he was glad that that amount had been reduced to £1,872, the sum of £1,870 having been cleared off, which was very gratifying.

Important negotiations are still proceeding concerning the relation of the Hospital to the National Insurance Act, and a conference is being arranged between the Scottish Insurance Commissioners and the Maternity Hospitals. The falling off in the number of district cases is attributed to the effect of the Insurance Act, some of the outside patients being under the impression that if they are attended at their homes by the hospital staff they will lose some part of their money benefit.

MATERNITY CENTRES.

At a meeting of the Board of Management of the King Edward VII Hospital, Cardiff, a letter was read from the Town Clerk relative to the action of the Health Committee in regard to the establishment of maternity centres in the city. The Committee suggested the appointment of representatives to attend a Conference on the matter.

Colonel Bruce Vaughan said if they were to have a great medical school they must have a maternity ward. They ought to have a very large maternity home in Cardiff. They were about the only town of the size, he thought, which had not a maternity home.

It was decided to send representatives to the Conference.

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EDITORIAL.

THREE DEADLY FOES.

"We are fighting Germany, Austria, and Drink ; and as far as I can see the greatest of these three deadly foes is Drink."

—*The Chancellor of the Exchequer.*

It is stated by no less an authority than the Chancellor of the Exchequer, that "success in the war is now purely a question of munitions," a statement made not as his own opinion only, but as the conviction of Sir John French, and of the Secretary of State for War. The opinion expressed by an influential deputation, received by Mr. Lloyd George at the Treasury on March 29th, from the Shipbuilders' Employers' Federation, that in order to meet the national requirements at the present time, and the urgent necessities of the position, there should be a total prohibition during the period of the war of the sale of exciseable liquors, is therefore of the very highest importance. The deputation did not include any total abstainers, and for that reason the views which they expressed came with more force.

The position is that we are engaged in a struggle for national existence, that success depends upon the output of a sufficient supply of munitions, and that this output is being seriously reduced because of the avoidable loss of time occasioned by the drinking habit, a loss estimated by the deputation at 80 per cent. While some men are doing splendid work, probably as good as that of the men in the trenches, many are not working anything like full hours, and the deputation were unable to attribute this to any other cause but drink.

The gravity of the position cannot be over estimated, and the deputation were unanimous in making the above recommendation. They represented that more

restriction of hours, or even total prohibition within war-work areas, was not sufficient, as certain classes would be entirely unaffected, and they considered that total prohibition should apply, as an emergency war measure not only to public houses, but to private clubs, and other licensed premises, so as to operate equally for all classes of the community. They believed that there was a general consensus of opinion on the part of the workers favourable to total prohibition along the lines indicated.

It is impossible to exaggerate the gravity of the statements made by the deputation, supported as the Chancellor of the Exchequer admitted with evidence which appeared quite irrefutable, which he was convinced from his own knowledge simply represented the truth.

In any measures, however drastic, which the Government find necessary to deal with the situation we are convinced that they will be supported by the nation as a whole. And this is important for, as the Chancellor of the Exchequer pointed out "before you take steps of this kind you must feel that you have every class of the community behind you, when you are taking action which interferes, and must interfere, very severely with the individual liberties of men of all sections." He added "I have a growing conviction, based on accumulating evidence, that nothing but root-and-branch methods will be of the slightest avail in dealing with this evil . . . if we are to settle German militarism we must first of all settle with the drink. We are fighting Germany, Austria, and Drink ; and as far as I can see the greatest of these three deadly foes is Drink."

In conclusion Mr. Lloyd George stated that he was permitted by the King to say that he is very deeply concerned on this question.

OUR PRIZE COMPETITION.

WHY IS THE CARE OF THE TEETH IMPORTANT?

We have pleasure in awarding the prize this week to Miss Edith A. Sorrie, City Hospital, Leeds.

PRIZE PAPER.

The chief office of the teeth is the "mastication of the food," and as this is the first and most important step towards good digestion, it follows that it is most important to devote great care and attention to the teeth all through life, so as to enable them to perform thoroughly their important function.

The teeth are hard, bone-like structures implanted in the sockets along the maxillary bones of the skull. Each consists of a crown, or the part showing above the gum, and the root imbedded in the jawbone. The main body of a tooth is composed chiefly of a hard substance called dentine. The body contains a pulp cavity, and this is filled with a pulpy substance containing nerve fibres (given off from the "trifacial nerve") and blood vessels. These enter the substance from the tip of the fang.

The crown is covered with a layer of extremely hard material called "enamel," which contains a higher percentage of mineral matter than bone. For this reason the enamel rarely or never decays, but when it gets chipped off, decay at once commences, and chiefly attacks the softer dentine or pulpy substance.

The decay is chiefly dependent upon external influences, but may be modified by constitutional conditions.

The predisposing causes to decay are:—

- (a) Imperfect structure, from whatever cause.
- (b) Mechanical injuries, such as falls, blows, improper use of the toothbrush (the movements of which should be up and down, not across). These aid in destroying the continuity of the enamel, thereby predisposing to decay.

Regular attention to the teeth from their first appearance will save a child much suffering, and at the same time will train him to realize the importance of the care of his teeth. In some cases, in spite of all the care given them, the temporary teeth show signs of decay; then especial care should be taken to prevent its extension. It is advisable to have a dentist examine the mouth of a child periodically after it is two and a half years old. The premature loss of the temporary teeth is sometimes deplorable, but there are cases when a dentist extracts one or more with a view to securing a regular alignment of the permanent set. The exciting causes of decay are chiefly "different forms of action" which may follow the use of acids as

food or medicine, or be caused by use of improper tooth powders or washes, or the presence of tartar about the necks of the teeth, causing an irritation of the gums and inducing an acid secretion, or from the fermentation of food between the teeth.

The last-named is the chief cause of caries. Derangements of the alimentary tract are generally accompanied by acidity of the saliva—hence the importance of aiding digestion as much as possible. The use of antacid washes and powders for the teeth are advisable.

Sugar and confections have no directly injurious effect upon the teeth, but when taken in excess produce an acid condition of the stomach, unfavourable to the health of the mouth, and, when left in the interstices of the teeth, rapidly undergo an acid formation, resulting in a product capable of acting very injuriously upon tooth structure.

From the foregoing instances of causes of decay, it is advisable to attend to the teeth after each meal, and always before retiring, so that particles of food may be removed from the teeth, thus preventing chemical decomposition, when naturally injurious gases would be swallowed, which would be detrimental to the alimentary tract.

Sometimes, in spite of the care taken of the teeth, caries takes place, when there are many probable results or dangers. If a tooth is decayed, the cold air quickly gains access to the pulp cavity, causing inflammation of the substance, which is known as toothache.

The nerve fibres may become inflamed, when facial neuralgia is the result.

The teeth being implanted in the bones of the skull, have been known to serve as a path for micro-organisms attacking the meninges, with the result that meningitis may occur.

Decomposition is constantly going on when a tooth is decayed, and since the tongue is always rubbing against the teeth, a person may develop cancer of the tongue.

Pyorrhœa, commonly known as Rigg's disease, is common to those who neglect the care of their teeth, and is the cause of many kinds of gastric and other serious diseases.

Since there are so many dangers which may arise from caries of the teeth, all efforts should be made to remove the causes, constitutional or local. Then treatment should be carried out to arrest the destructive action and to repair the damage in the manner best calculated to preserve the tooth or teeth in a serviceable condition, and to protect them against a recurrence or continuance of the decay. Sometimes it becomes essential to have a tooth extracted.

When this is the case, the sooner it is done the better, both for comfort and the preservation of teeth near it. This may be replaced by an artificial tooth, which will never be quite so valuable to the owner, but at the same time will prevent, to a certain extent, any irregularity of surrounding teeth.

It is very important to remember, when a patient is unable to attend to his teeth and mouth, that this should be done for him, not only for the reasons previously mentioned, but because he will not wish for any food, if he can taste the poisonous gases in his mouth.

HONOURABLE MENTION.

The following competitors receive honourable mention :—Miss J. G. Gilchrist, Miss F. Sheppard, Miss M. M. G. Bielby, Miss E. Forrest, Miss G. M. Evans, Miss D. Vinc, Miss S. G. Cheatley, Miss M. Ellison, Miss F. Mackintosh, Miss M. Edmunds, Miss K. R. Köhler.

QUESTION FOR NEXT WEEK.

Describe the various digestive juices and their action.

CEREBRO-SPINAL FEVER.

[DISINFECTION OF THE URINE.]

Dr. Edward C. Hort, F.R.C.P., Dr. C. E. Lakin, and Mr. T. C. Benians, who contribute to the *British Medical Journal* a highly interesting and technical article on the place of the meningococcus in the etiology of epidemic cerebro-spinal fever, mention several points that nurses will do well to note.

1. The attendants on acute cases of the disease rarely contract it, although the percentage of such acute cases harbouring the organisms in the first few days is very high.

2. For every case of the disease there are ten to fifty carriers, but of detained carriers of the meningococcus in the naso-pharynx only few develop cerebro-spinal fever.

Further, they should remember that :—

"Owing to the fact that a highly pleomorphic organism appears to be present, bacteriological study of the urine in this disease is one of great complexity and difficulty; but it is, perhaps, not unreasonable to suggest that the theory that the meningococcus is only a phase in the life-history of the true infective agent in cerebro-spinal fever is one that is worth full investigation. And in the meanwhile it would appear to be wise to disinfect the urine of all known cases, and of all known carriers of Weichselbaum's meningococcus.

"It will, of course, be understood that the presence in the urine of the meningococcus, or

of organisms related to it, in no way removes the necessity for examination of the throats of contacts and of secondary carriers as at present carried out, since whatever the true cause of the disease, the meningococcus is certainly associated with it. And even if the meningococcus be eventually shown to be a harmless phase in the life-history of the true infective agent discharged into the urine, it will still be wise to disinfect the latter, as advised by other workers who consider the case for the meningococcus to have been fully proved."

THE AMERICAN NURSES' ASSOCIATION.

The following Resolution has been received by the President of the National Council of Trained Nurses of Great Britain and Ireland from the United States of America, in support of the Statement sent to the Secretary of State for War on the standard of nursing in military auxiliary hospitals :—

TWENTY-FIVE THOUSAND AMERICAN NURSES EXPRESS SYMPATHY.

MADAM,—At a joint meeting of the Executive Boards of the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing, the following Resolution was adopted :—

Resolved that the above-named organizations, representing a membership of more than 25,000 nurses, express their sympathetic appreciation of the Council's attitude of protest toward the acceptance of amateur nurses and other unqualified women in the care of the sick and wounded of the present war, so long as there is no dearth of thoroughly trained graduate nurses qualified for such service.

KATHARINE DE WITT, R.N.,
Secretary, American Nurses' Association.

SARA E. PARSONS, R.N.,
Secretary, National League of Nursing Education.

ELLA PHILLIPS CRANDALL, R.N.,
Secretary, National Organization for Public Health Nursing.

45, South Union Street, Rochester, N.Y.
March 15th, 1915.

We greatly appreciate this expression of sympathy with the attitude of the N.C.T.N., the more so as the terrible lack of status of the nursing profession in this country makes it the sport of every irregularity. Protection for our skilled work there is none.

NURSING AND THE WAR.

The Director General of the Army Medical Service asks all civil hospitals with training schools to help the country by making every effort to train for three or six months as many probationers as possible, so that they may be available for work later, under supervision, in military hospitals. Those of us who remember the disorganisation which resulted from the rush of women into war nursing during the South African War, cannot but realise what the result of flooding the nursing world with semi-trained nurses will be at the termination of the present terrible struggle. The Government has turned a deaf ear to our petitions for a decade—the present shortage of trained nurses is the result. Everyone must make the best of a bad job now, but we cannot too soon begin to organise strenuously for just conditions after the War is over.

IN FORMA PAUPERIS.

The question which has greatly perturbed a number of hardworking professional women during the past week has been the charitable appeal made on their behalf by the officials of the National Pension Fund for Nurses (which is an insurance and not a pension fund) "on behalf of the nurses who have suffered, or may suffer, from attendance upon the sick and wounded during the War," other than members of the Government Army Nursing Services.

We have received many letters strongly deprecating such an appeal, and owing to the courtesy of the Editor of the *Times* have been able to give publicity to the feeling of those nurses who resent the indignity very keenly.

Miss E. S. Haldane, Vice-Chair of the Advisory Council, Territorial Force Nursing Service, in a letter to the *Times* on Saturday last, wrote that she read of the proposed War Nurses' Relief Fund with mixed feelings.

"On the one hand," she continued, "it is a fund which is greatly needed; on the other, it brings us face to face with the question, Are our nurses to be paid a pittance, and, after risking their lives in their country's service, made the recipients of what is after all a charity?"

"An organised profession would not consent to see its members being exploited. But nurses are not organised. They are a highly patriotic body of women who are ready to give their services almost gratuitously even for work abroad which involves serious risks to health and life. There is the other question, however—Ought the public to permit of their sacrificing themselves on the altar of patriotism even if they recognise their debt by founding a fund to assist them later on? We seem just lately to have awakened up to the value of the splendid work done by our trained nurses because their numbers are limited and the demands made upon them at this time of stress are unlimited. Let us see

that our gratitude, which is very real, is expressed in a proper way."

On Monday last Mrs. Bedford Fenwick, President National Council of Trained Nurses, in a letter to the *Times*, welcomed Miss Haldane's letter in the name of those nurses "to whom it is extremely distasteful to be held up in the public Press in *forma pauperis*, especially as they are the only class of workers connected with the War for whom an appeal of this nature is being made." The letter continued:—

"The aim of the organisers of the various relief funds, from the Queen's Fund downwards, has been to preserve the self-respect of those assisted by providing them with work, for which payment is made on the ordinary scale, and to avoid giving relief in the form of charity. In the case of nurses the bad precedent has been established of expecting them to work for half the ordinary fees of a private nurse; that is, when they cannot be induced to give their services free. Nurses are a singularly uncalculating class, and only too willing to throw themselves into the breach at this crisis without considering their own future. It is therefore the more incumbent upon the committee which employs them, at a reduced rate, to make provision for them when incapacitated, because they have sacrificed themselves, in Miss Haldane's words, on the altar of patriotism. As the soldier has a right to a pension when incapacitated, so provision should be made, under similar circumstances, for the nurse who serves him, as a right, not as a charity, until she is again fit for active work. This should be a charge, and a most legitimate one, on the funds of the Joint War Committee—to which the public have contributed most munificently—which knows her work and her circumstances, and should not be left to an outside committee.

"Miss Haldane speaks of the gratitude of the public for the work of trained nurses, and hopes that this may be expressed in the proper way. May I indicate more precisely that way, which is, first, the organisation of nurses in a legally constituted profession recognised by the State, for which they have been asking for the last quarter of a century; and, secondly, by ensuring to those nurses, whose skilled work is lavished on our sick and wounded, the ordinary rate of remuneration for that work. The services of nurses can never be recompensed by a cash payment, but every true nurse has a most precious reward in the remembrance of the gratitude of patients, living and dead, and in her knowledge that her skilled work, in conjunction with that of the doctor, has minimised suffering, alleviated the last hours of the dying, and in numerous instances restored to health and friends those who would otherwise have succumbed to injury and disease. Whether or not her work is paid for on a scale which reduces her to the poverty line, that is a joy which no one can take from her. Nevertheless, the national value of her skilled services is so great that the remuneration

she receives should place her beyond distraction by financial worry."

INSPIRING ADDRESS TO A SERBIAN UNIT.

At a short service at St. Martin's-in-the-Fields on Friday, March 26th, Dr. Percy Dearmer addressed the members of the unit about to leave for Serbia with Mrs. St. Clair Stobart. Most of them attended in grey coats and skirts of workman-like cut, the doctors being distinguished by red facings on their collars, and the nurses by mauve, while those of the orderlies were of the same material as the coat.

Dr. Dearmer said that nothing could be more beautiful than the work that the unit were about to undertake. He reminded them of the duty

We had judged her for the crimes of one or two people. But in reality few things were more inspiring and full of hope than her history. The Christians of the Balkan States had for centuries been downtrodden, massacred, deprived of their human rights. In the last century they broke free from the oppression of the Turks. The Serbians had lived as a nation all through the centuries of oppression because of two things, their religion, and their folk songs. They were Christian and they were gay. As the oppressor strode by their little huts not deigning to look at them they smiled, remembering that they were still the Serbian people. They were untouched, unspotted. At last they broke free from the oppressor, and the comfortable peoples of Europe

pointed the finger of scorn at them because they did not at once attain to everything that those who had enjoyed freedom for centuries had attained. The wonder was that the Balkan States, once they were free, immediately established schools and colleges and developed a system of education.

No one who knew what the Turkish Empire was like thought for a moment that the Balkan States had a chance of gaining their freedom by peaceful means, so long as their oppressors remained in power. There had to be war. A first and a second time they won, now for a third time Serbia was fighting not only for freedom but for her very existence.

It was a great thing for us as a nation to be free, to say that the British people brooked

no oppression. Did not our hearts go out to other nations less happily placed, striving towards the same ideal, who might well say: "With a great sum obtained I this freedom?"

Dr. Dearmer said that he did not think his hearers could go anywhere where they could do better work. The Serbian soldiers would welcome them, and they would be helping this nation to make amends for much that was unworthy in the past.

They would also be serving a people who had a great future before them, when they ceased to be oppressed, for the Balkan States were the garden of Europe.

In conclusion the preacher bid his hearers not



STRICKEN SERBIAN SOLDIERS WAITING ADMISSION TO THE HOSPITAL.

of hopefulness, good temper, and good comradeship, and said that it would also be their duty not to give way to a passion of self-devotion. They were going to a country where there was much danger, and it was their duty to endeavour to keep in good health, to take care of themselves and of each other.

It seemed that nothing more inspiring existed than nursing wounded soldiers. We had not known that humanity was capable of such depths, such chivalry and such courage as our soldiers had shown. Those nurses who were going to Serbia would see that in the case of a people who had been sorely tried.

In the past we had often been unjust to Serbia.

good-bye, but au revoir, for he had that day been invited to go out to Serbia as chaplain. In bidding them God speed he reminded them, in conclusion, that in the work they were about to undertake they would all learn much, both of the human heart, and of God.

Our picture on page 273 is of an every-day scene in Serbia, when stricken soldiers who have been brought into a town in bullock wagons are seen waiting for admission at one of the crowded hospitals. British nurses have proved themselves eager to cope with the terrible typhus epidemic; indeed, we were informed at the offices of the Serbian Relief Fund that offers of service from nurses only began to come in quickly when the terrible conditions prevailing became known.

The following is the list of nurses engaged for fever hospital work in Serbia in connection with the Serbian Relief Fund:—

Matron: Miss Mozley. Nursing Sisters: Mrs. Bailey, Mrs. Wilman, Misses Helena Bird, E. Burgess, K. M. Coaling, I. R. Hudson, H. M. Jackson, E. B. Mellis, E. L. Pybus, Roodhouse, E. Scammell, P. Searle, F. M. Shoring, M. Terry, L. Trendell, and nine women orderlies. The majority of the nurses have had fever training as well as general training, and many of them have already experience in typhus and other fevers abroad. They with other units leave London on April 1st and join an Admiralty transport. Twenty more nurses will go overland next week.

English nurses are no longer staffing hospital at the Hotel Astoria, Paris, where the nursing is now in charge of a staff of Japanese nurses, who are doing splendid work under Japanese surgeons; indeed, the hospital is said to be one of the most perfectly equipped hospitals in the city. Both doctors and nurses are winning golden opinions, and the patients are full of gratitude to their

kind and capable nurses whose professional dignity, as well as knowledge, is much commented upon. Our illustration shows the preparation of dressings.

THE PATRIOTISM OF CANADIAN NURSES.

From the Dominions beyond the seas our certificated and registered nurses have now the satisfaction of realising that their status is held in respect by home authorities, and no money is being wasted in sending semi-trained women or untrained girls to nurse the Colonial Contingents fighting for the Motherland. Indeed, the Nurses' Organizations overseas have taken a very firm stand on this principle; they simply refuse to be classed as unskilled workers—to the very great benefit of the men coming from all over the

world to support "Mother," and who may be ultimately shattered in her defence.

In addition to the nurses with the contingents—and with the McGill and Toronto University Units—the Canadian Red Cross Society, at the request of the Chairman of the Nursing Department of the British Red Cross Society, is sending twenty nurses at once.

The conditions of service are that the nurse shall be fully qualified, holding a three years' certificate

of a recognized training school of at least one hundred beds, and must be well recommended by the lady superintendent of the hospital. She must also have a health certificate and satisfactory references.

It is necessary that she shall be inoculated against enteric, and if she has not been vaccinated for seven years she should be vaccinated.

Term of service is for one year from the date of enlistment, and the nurse will proceed to England where she will be assigned to duty.

The salaries of the nurses will be at the British Government rate of £1 1s. per week and necessary clothing and cost of transportation.

The following nurses arrived lately from Canada, as supernumerary to the first contingent:—



JAPANESE NURSES PREPARING DRESSINGS.

Misses A. H. McNicol, S. A. Louise, C. M. MacLean, E. T. Hegan, M. A. Cummings, M. B. Hubbs, L. F. Boyd, E. Pierce, C. M. Motherwell, E. M. Armstrong, E. Boulton, O. Boulter, B. Laveragan, M. Rosse, K. Shaw, and Mrs. A. M. Spalding.

Misses M. J. Dickinson, G. Billyard, G. E. Stalker, C. J. Douglas, C. E. Mallory, M. H. McGill, M. Howe, L. Lynch, S. Ferguson, I. Willis, A. M. Mills, F. Armstrong, C. E. Cameron, M. Cameron-Smith, K. G. Clark, H. Dougherty, C. Drew, M. M. Ellis, C. Malby, A. McKay, C. G. Nixon, C. C. Raymond, J. Robley, E. Sullivan, and J. Wishart. Many have gone to France, to relieve the nurses who have been working among the wounded for months.

ROYAL VICTORIA HOSPITAL.

The following are among those who will go to the Front with the McGill University General Hospital in April. They have been selected from a large number of applicants from the General and Royal Victoria Hospitals, and will undergo military training at the Quebec Hospital.

Misses M. Lindsay, A. Clark, M. E. Austin, L. Pidgeon, E. Leslie, H. Sewell, K. Mackay, J. Glendenning, S. Robertson, M. Wright, M. Bliss, A. McDiarmid, S. Chisholm, H. Macdonald, and E. Bradley.

GENERAL HOSPITAL.

Misses A. Morewood, E. J. Griffin, M. J. Fortescue, M. Clark, A. M. Cooper, E. N. Whitley, C. Gass, L. M. Gray, A. M. Tate, M. MacDermot, V. E. Sampson, L. N. Gillis, E. D. Handcock, J. E. Mann, and A. K. McLeod.

The *Sunday Pictorial* tells the following story:—"The Grand Duke Nicholas turned a lot of the smart women nurses back. He said when he met them: 'If any of you wish to nurse the officers rather than the men, please say so.' All who said so were packed off like naughty children by the next train to Petrograd. And the Grand Duke was right."

The Paris correspondent of the *Sunday Observer* evidently keeps his eye on nursing affairs and reports this week that:—"The Minister of War has hit upon a clever plan of improving amateur nurses. He has issued a circular in which he says that the different categories of nurses and helpers in a hospital are to wear the veils proper to their class. For instance, the first class (connected with the administration of the hospital) must wear blue veils; the second, or certificated nurses, must wear white; while the third class, composed of benevolent ladies of excellent intentions, but of no professional training, must wear the grey veil. There is no suggestion in the circular that the amateur nurse must qualify or leave her work; the intimation is much more subtle than that, and none of the fair Parisiennes who have been so proud of wearing the Red Cross badge will like to wear the grey veil, sign of inferiority. Thus by an order which, on the face of it, is banal enough, M. Millerand has brought his nursing staff to the pitch of perfection."

THE FRENCH SOLDIER AND THE BRITISH NURSE.

War—the long-dreaded European War—broke out with a sudden crash.

Women do not fight, but they can work as auxiliaries; as such their help has been invaluable.

The nurse, who in times of peace, like poor Tommy, has to take a back seat, in time of war becomes a valuable national asset. Military, Territorial, and Red Cross Voluntary Aid Nursing were already defined. The work of the Military Nursing Service and its Reserve was to nurse the British soldier, as required, at home or abroad, the Territorial Force Nursing Service to provide the Nursing Staffs for the 23 General Hospitals located in England and Scotland, to be called up in the event of the mobilization of the Territorial Force, the Voluntary Aid Organisation to supplement the Territorial Medical Service in the event of war in the Home Territory. But the natural impulse of all was to go to the Front. Our men disappearing into the Unknown, the stillness in England became intolerable.

Thus it was that fully-trained and semi-qualified nurses as well as "Voluntary Aid ladies" came forward with the greatest zeal. In this article I wish to refer to those who went to nurse our French Allies.

From an English point of view nursing the French Army has been as full of interest as of difficulties, even to those of us who spoke French, had lived in France, and worked in its hospitals. How much more so to those who had never crossed the Channel and whose knowledge of the language dated from the outbreak of the war. In time of peace the genius, *esprit* and *joie de vivre* of the French make them the most popular nation on earth. In time of war they become transformed, incomprehensible.

In order to understand our French patients, let us look into the organisation of their Army. It has gone through several changes since the last Empire, when Conscription was compulsory (but when conscripts could be bought out). A few alterations have also taken place since the war began with regard to age limitations. Roughly speaking, this is the present position, viz., three years' service, age 20-23.

1st, *L'Armée active*, those who at 20 years of age were undergoing their three years' service any time before the war began.

2nd, *L'Armée réserviste*, those who had had their three years' service, age 23-35.

3rd, *L'Armée territoriale*, age 35-45.

4th, *Les territoriaux réservistes ou auxiliaires*, 45-49.

When the war first began 47 was the age-limit for auxiliaries, but for a time older men had to give their services until the younger men were called up from 18-20 years of age, viz., what are now known as the *Classes Quatorze, Quinze, et Seize* (1914, 1915 and 1916). This means that boys of

18, 19, and 20 years of age have been in training and are being merged in the Army.

Every physically fit Frenchman from the age of 18 to 45 is now a soldier; he may be a professor of science, a farmer, a marquis, an operatic singer, an *apache* (hooligan), or a priest. It is most difficult to distinguish which at first, especially when he is brought in on a stretcher, covered with mud, in his obsolete Napoleonic uniform. The safest thing under the circumstances is to address him as "Monsieur," a title which even the chimney-sweep in republican France claims for himself.

Corporals, sergeants, sergeant-majors are all *sous-officiers*, ranks they may have acquired during their three years' training, as our cadets do at Sandhurst or Woolwich, before they get their commissions.

THE OFFICERS.—There are two kinds or categories of officers in the French Army, viz.: *Les officiers de carrière* and *les officiers de métier*. The first become officers on leaving St. Cyr and the *Polytechnique*, where they qualify for artillery regiments or for the engineers (*le Génie*), which means very extensive and costly studies. (St. Mexaint is also for officers, but is an endowed or free education college and does not rank the same.) There are also several *chic* regiments, mainly cavalry, where the officers enter the Army as a career by choice. Otherwise, what are known as *officiers de métier*, are usually men who have risen from the ranks and are drawn from the same social stratum as our non-commissioned officers. The latter usually do not rise higher than the rank of full lieutenants and are employed for the training of the young army.

Thus it frequently happens that the *simple soldat* is far more interesting and comes from a nicer home than the officer. But woe betide any one who does not make the official difference. Officers must have a separate bedroom, so many courses and so much wine! I have known them as particular of their rights as the most exacting workhouse patients! In hospital you may ask a *simple soldat* to sweep or do menial work, but anyone from a *caporal* up is exempt. The slightest orders have to be given in the most courteous way.

There are very many combatant priests, but very many of the older ones and those physically unfitted to fight have been made use of as *infirmiers* in the hospitals. Their previous work in their villages as *curés*, or in town parishes amongst the sick, would have made them quite suitable for the work—far more so than untrained men who were sent to nurse the sick because they were on the auxiliary list, either through having attained the age-limit or through physical unfitness to fight. But the awkwardness of the situation must be intolerable sometimes, as, from a military point of view, they rank as soldiers and as such rank as *infirmiers de deuxième classe*, and have to work under sergeants who frequently take great pleasure in bossing them, though they know nothing about their allotted work. The position of the English nurses under these circumstances, coupled with

the amateur nursing of the French ladies, has required the utmost fortitude and patience. Tact, of course, goes a good way, but when tact comes to a dead hard wall, the only thing to do is to put one's back against it and hold the fort with the same British tenacity the Tommies have shown in the trenches.

French habits and customs, the absence of organised military hospitals and nursing staffs, the shortage of nursing requisites, of dressings, of medicines—in fact, the pitiable lack of cleanliness, of hygiene, and of sanitary arrangements have been hard facts to face. The position, too, of the English nurse is not easily understood. She is nursing for pay, for her livelihood; who can she be in her home and her country that she should have placed herself in these circumstances? The English V.A.D.'s who have arrived with their cars and dispense favours to the wounded are quite a different matter; but even these kind ladies are not looked upon with much favour by the French ladies of the Croix Rouge. "Why have they come to nurse our wounded?" they say. "We are quite capable of doing so ourselves."

Still, many of the English nurses have been appreciated by the doctors, and certainly by the patients themselves, especially so when they can speak French and know something of Continental ways.

I think, if we put ourselves in the place of the French, we should feel as they do.

EDLA R. WORTABET.

FRENCH FLAG NURSING CORPS.

The seven following nurses will leave London on Friday for Bordeaux, to complete the staff of the Talence Hospital: Miss Ethel Grindon, cert. St. Leonard's Infirmary, Shoreditch; Miss Jessie Cumming, cert. Firvale Hospital, Sheffield; Miss Martha E. Morris, cert. The Birmingham Infirmary; Miss Gladys K. D. Johnston, cert. Radcliffe Infirmary, Oxford; Miss Katherine M. O'Leary, cert. County and City Infirmary, Waterford; Miss Elizabeth M. Scott, cert. Royal Infirmary, Perth; and Miss Margaret Scott, cert. The Birmingham Infirmary.

The nurses' quarters at Talence are now open, and the staff find the cubicles much more comfortable than the open wards in which they previously slept. But everywhere under cover is far more comfortable than the terrible trenches in which the men who are fighting our battles are interned for days at a time, so no true nurse expects any sort of luxury in these hard times.

Dr. Dundas Grant has again most kindly gone to France, as far as Bordeaux this time, to see if he can in any way help the good cause of the F.F.N.C., and he will learn if a proposal to organise units of trained and certificated Fever Nurses for service in Infectious Diseases Hospitals will meet with the approval of the *Médecins de Santé* in the various regions.

THE CARE OF THE WOUNDED.

Lady Lawley, Honorary Secretary of the Queen Mary Needlework Guild has made known, by Her Majesty's request, that with the approach of summer the necessity of woollen comforts no longer exists, nor for clothing for women and children, but owing to the duration of the war and the large number of casualties every week, there is an increased demand for all necessities and comforts for our wounded and convalescent soldiers in the many hospitals at home and abroad. Several thousand more beds have to be fully equipped. Her Majesty, therefore, invites

the magnificent example of loyalty which the manhood of Greater Britain has given to the world. In making this new appeal to the workers the Queen is co-operating with the Order of St. John of Jerusalem and the British Red Cross Society, and Her Majesty feels confident that it will not be made in vain.

The Queen's Canadian Military Hospital at Shorncliffe is being enlarged and we learn that very good work is being done by the Canadian Red Cross in England. The offices are at 14-16, Cockspur Street, W., with Colonel Hodgetts as Commissioner, and Lady Drummond has organized the visiting of wounded Canadians.

The Serbian Red Cross Society, 5, Cromwell Road, Kensington, ask for help in extending relief to Serbians who are now enduring hardships and acute suffering in an intense degree.

The new motor-cycle ambulance shown in our illustration has been adopted by the French authorities for the rapid transit of the wounded, and is found most useful for this purpose.

Millicent, Duchess of Sutherland, informs us that now all the nurses working at her hospital at Dunkirk are paid. We are pleased to know it, and hope that no more voluntary service will be accepted either at home or abroad from trained nurses, by ladies of social position running hospitals for the

wounded. The Duchess is aware that St. John Ambulance male orderlies are paid 28s., and the nurses who do not volunteer 21s. a week, but she now has her own staff, and greatly appreciates the work of the lady who has been appointed Matron. In our opinion almost the entire success of a military hospital depends upon the character and capabilities of the Matron. It is hoped to continue the work of the Sutherland Ambulance in tents during the summer; it is so much more sanitary.

all those who have so generously helped the Q.M.N.G. in the past to devote their energies in the future to making any of the following for hospital use:—shirts, pyjamas, slippers, towels, bandages, nightshirts, dressing gowns, sheets, feather pillows, lint. In addition to these, socks for men will be wanted all through the summer. We learn that voluntary effort has been splendid, and generous contributions to the Guild have been received from every quarter of the globe, a truly marvellous proof of the sympathy with the cause of the Allies which is being felt in every corner of the civilized world. Her Majesty recognizes in this generous response to her appeal on behalf of our sailors and soldiers a determination on the part of the women of the Empire to emulate



NEW MOTOR CYCLE AMBULANCE.

JOINT WAR COMMITTEE.

The following nurses have been deputed to duty in Home Hospitals:—

Military Isolation Hospital, Felixstowe.—Miss A. E. Colburn.

V.A.D. Hospital, Chantmarle Manor, Cattistock, Dorset.—Miss Florence Jourdain.

Burloes, Royston, Herts.—Mrs. B. Parsons.

Yarrow Military Hospital, Broadstairs.—Miss R. G. Osborn.

Red Cross Hospital, Kenilworth.—Miss M. Tushingham; Miss E. B. Fairley.

Red Cross Hospital, Alnwick Castle, Alnwick.—Miss B. M. Barnett, Miss R. E. Worts.

Auxiliary Military Hospital, Timberhurst, Bury.—Miss Kate Todkill.

Yately Military Hospital, Hants.—Miss E. K. Clapin.

V.A.D. Hospital, Hammerton, Sunderland.—Miss E. C. A. Glossop.

Red Cross Hospital, Budworth Hall, Ongar, Essex.—Miss E. M. Field.

Red Cross Hospital, Emsworth, Hants.—Miss I. Methold.

Red Cross Hospital, Cirencester.—Miss H. M. Cottingham, Mrs. B. Blanc.

S. Leonard's Red Cross Hospital, Bedford.—Miss E. A. Richards.

Greenhill Hospital, Sherborne.—Miss G. Wright.

V.A.D. Hospital, Tisbury, Wilts.—Miss S. Bridge.

V.A.D. Hospital, Ockbrook, Derby.—Miss J. D. Henry, Mrs. H. McKegg.

V.A.D. Hospital, Hoddesdon, Herts.—Miss F. A. Davy.

Ashlawn Red Cross Hospital, Rugby.—Miss A. M. John.

Clive Hill Hospital, Downend, near Bristol.—Miss L. Taylor.

Thorncombe Military Hospital, Bramley, Surrey.—Miss P. D. Champion.

Theydon Towers Hospital, Theydon Bois, Epping.—Mrs. G. O'Neill.

Temporary Hospital, Richmond Hill Road, Edgbaston, Birmingham.—Miss F. M. Kilty.

Clandon Park near Guildford.—Miss S. A. Field.

Lady Hardinge Hospital, Brockenhurst.—Mrs. C. B. Bell.

S. Aldhelm's Hospital, Frome.—Miss I. K. M. Macdonald.

Froyle Place Military Hospital, Alton, Hants.—Miss K. H. McQueen.

Galcombe House, Red Cross Hospital, Newport, Isle of Wight.—Miss E. M. Haywood.

West Dene Hospital, Hollington Park, S. Leonard's-on-Sea.—Miss L. E. Irwin.

Red Cross Hospital, Nettle.—Miss M. C. Patton.

Many interesting reports of good work accomplished to help the sick and wounded come before the Ladies' Special Committee of the Order of St. John at its fortnightly meetings. Recently the Duchess of Abercorn reported on the Tyrone

Unionists Irish Hospital at Pau, Lady Dorothy Fielding on ambulance work at Furnes, and Miss Violetta Thurstan on work in Belgium and with a Flying column of the Russian Red Cross. Mr. F. S. E. Drury gave a most interesting account of his visit to Rheims and of the indomitable labours for the sick and wounded in that "underground" city of Mme. Marzzuchi, who, he was proud to report, though Spanish, "had an English mother."

The King George Hospital will not now be ready till May, owing partly to a dispute amongst the workmen, and as many nurses are engaged the delay will of course, cause some inconvenience, which, however, cannot be helped.

The arrangements for the Brigade Hospital in the charge of Sir James Clark continue to progress. It is not yet certain where it will be placed, but probably at Etaples, near Le Touquet. It will be a hut hospital, and will cost some £50,000 to run for six months. The staff will consist of 50 doctors, a Matron (Miss Constance Todd), a assistant matron, 50 trained nurses, and 20 women orderlies. £25,000 has already been subscribed. Canada and India have subscribed for wards. £100 will pay for a bed, which may be named, and nurses at £1 a week may be paid for. Wheel-chairs are needed at £3 10s., and deck chairs at 7s. 6d. each. These useful gifts are within the means of those who cannot afford large donations.

The War Office has given notice that voluntary hospitals will no longer be accepted, excepting as Convalescent Homes. All the sick and wounded are, at an early date, to be admitted to large auxiliary military hospitals of 500 to 1,000 beds, and the nursing is to be done under trained supervision. This is indeed a wise decision. Members of V.A.D.'s will be admitted as probationers on regular terms, and will no longer be in charge, as many have been in the past, of seriously sick soldiers. Nearly all doctors and nurses working under the Joint War Committee in France have now been recalled, and the French doctors deeply lament the loss of their English nurses.

In view of what are likely to be the very pressing requirements of the next few months, the Lord Mayor will convene a meeting of the citizens of London in the Guildhall on Tuesday, April 20th, at 3 p.m., when an appeal will be made for the work of the British Red Cross Society and the Order of St. John of Jerusalem. A Mansion House Fund with the same object will also be opened.

The V.A.D. Selection Board of the British Red Cross Society has moved from 83, Pall Mall, to Devonshire House, Piccadilly. The hours for interviewing candidates are 10 to 1 every day, and 2.30 to 4.30, with the exception of Wednesdays and Saturdays.

APPOINTMENTS.

MATRON.

The Isolation Hospital, Plymouth.—Miss Margaret Macleunan has been appointed Matron. She was trained at the Northern Infirmary, Inverness, where she also held the positions of Ward Sister and Night Superintendent, and was subsequently Ward Sister at Ruchill Fever Hospital, Glasgow, Matron of the Infectious Diseases Hospital, Forres, and Matron of the Infectious Diseases Hospital of the Burgh and County of Selkirk.

Claybury Asylum, Woodford Bridge, Essex.—Miss Margaret Russell has been appointed Matron. She was trained both in English Asylums and at the New York General Mental Hospital, and has been Head Night Nurse, and is now Laundry Mistress at the Claybury Asylum.

British Home and Hospital for Incurables, Streatham.—Mrs. Walker has been appointed Matron. She was trained at the Brompton Hospital, and at the Royal Southern Hospital, Liverpool.

Weardale Union.—Mrs. Mary E. Wilson has been appointed Matron. She was trained at North Evington Infirmary, Leicester, and Erdington Infirmary, Birmingham. She has been sister at the Union Workhouse, York, and nurse at the Union Workhouse, Kingsclere, Newbury.

ASSISTANT MATRON.

Royal Aberdeen Hospital for Sick Children.—Mrs. E. Crerar has been appointed Assistant Matron. She was trained at the Royal Infirmary, Perth; and has held the position of Sister at the Throne Hospital, Belfast; and the Royal Bath Hospital, Harrogate. She has also had experience of private nursing.

NIGHT SUPERINTENDENT NURSE.

Staincliffe Infirmary, Dewsbury.—Miss Margaret Williams has been appointed Night Superintendent Nurse. She was trained at the Londonderry City and County Hospital and has held the position of Charge Nurse at the Holywell, Blything, and Pontypridd Unions, and has also worked on the staff of the Abergele Nursing Association.

CHARGE NURSE.

Staincliffe Infirmary, Dewsbury.—Miss Annie Hodgkinson has been appointed Charge Nurse. She was trained at the Wolstanton and Burslem Union, and has been Staff Nurse at the Grove Fever Hospital under the Metropolitan Asylums Board, and Charge Nurse at the Walsall Union. She has also done private nursing under the Chatsworth Nursing Association, West Norwood.

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Amy K. Baughurst is appointed to Staffordshire C. N. A., as Superintendent. Miss Baughurst received General Training at Salisbury Infirmary, Midwifery Training at Three Towns, and District

Training at Chelsea. She has since held several appointments under the Institute, including that of Assistant Superintendent for the Somerset C.N.A.

Miss Annie Banks is appointed to Hammersmith; Miss Evelyn M. Hedley, to Bedford; Miss Edith B. Long, to Brighton (Fishergate); Miss Clara S. Morgan, to Hertford; Mrs. Lydia A. Palmer, to South Elmsall; Miss Edith A. Wellens, to Hertford.

EXAMINATION FOR THE ROLL OF QUEEN'S NURSES, MARCH 18TH, 1915.

1. If it were considered necessary to sterilize milk supplied from a dairy, how would you do it? What diseases may be conveyed by milk?
2. What advice would you give a mother as to how she should feed her child during the first year of its life (a) when the child is breast fed; (b) when the mother cannot breast feed the child.
3. Mention briefly the chief disinfectants of which you have experience, indicating their use, characteristics, and usual preparation.
4. What symptoms in a lying-in-case would make you suspect puerperal fever? How would you nurse such a case?
5. If sent to a new district, mention some points to which you would turn your attention, besides the actual nursing.
6. (a) What is a School for Mothers? What is the object of such a school? How can a district nurse assist? or (b) What are the principal causes of infantile mortality? Give a short account of any agency of which you know that is working to lower the death rate.

NATIONAL UNION OF TRAINED NURSES.

Miss E. M. Pye has resigned the position of Organising and General (Central) Secretary to the National Union of Trained Nurses, and Miss Violetta Thurstan has been elected to the office. During Miss Pye's term of office she has worked indefatigably for the Union, and she will be greatly missed. The Committee is fortunate in securing the services of Miss Thurstan, who will no doubt carry on the work with enthusiasm and ability.

THE PASSING BELL.

Members of the staff of the Registered Nurses' Society, and other friends, will learn with very deep regret of the death of Sister Edith Simpson, who passed away on March 22nd, after a severe surgical operation. Sister Simpson was trained at the Queen's Hospital, Birmingham; and has been on the staff of the R.N.S. since the commencement of the year 1911. As a member of the Territorial Force Nursing Service, she worked at the First Southern General Hospital, New University, Birmingham, from August, 1914, to February last, when she resigned through ill-health.

BRITISH NURSES DEMAND INFORMATION.

ALIENS' NATURALIZATION.

On March 11th, 1915, a Return was issued by the Home Office showing the Names of all aliens to whom Certificates of Naturalization or Re-Admission to British Nationality have been issued, and whose Oaths of Allegiance have, during the year ended the 31st day of December, 1914, been registered by the Home Office. Amongst such aliens of German nationality is the following entry :—

Name.	Country.	Date of Certificate.	Date of Oath of Allegiance.	Place of Residence.	No. of Certificate.
Bulan, Swanhilde (known as Swanhilde Bulan).	Germany (Naturalized in New Zealand.)	10th November, 1914.	20th November, 1914.	London.	25,667

What the nursing profession demands to know is whether this German lady, who has been living in London under an assumed name, is the Miss Swanhilde Bulan who edits the *Nursing Times*. The Home Office, of course, "has no information on the point," and upon enquiry at the office of Macmillan & Co., the part-proprietors and publishers of the journal in question, we were refused an answer to the question to which every British nurse has a right—is Miss Swanhilde Bulan who edits the *Nursing Times* the Miss Swanhilde Bulan (known as Swanhilde Bulan) naturalised as a British subject on 10th November, 1914, three months after the declaration of war?

Considering the very close association and collaboration with Miss Bulan in the conduct of the *Nursing Times* of an official in our War Office, we are of opinion that Macmillan & Co. owe it not only to the nursing profession, but to the War Office, to at once give a straightforward reply—either Yes or No—to our question.

NEW PRESIDENT I.N.A.

Miss Edith Holden, who has been elected to the honourable position of President of the Irish Nurses' Association, was trained at St. Bartholomew's Hospital, and subsequently did Sister's duties, and was Assistant Home Sister and Night Sister there. She then went to Chelsea Infirmary as Assistant Matron till her appointment to the position of Matron of the Richmond Hospital, Dublin. She is at present Matron of the Third London General Hospital, T.F., Wandsworth Common, where there are now 520 beds, and which, by means of the addition of huts, is to be extended to include 500 more beds.

NURSING ECHOES.

When Queen Sophia of Greece was at Eastbourne last summer she sent for us to discuss with her the future of nurse training in Greece. Her Majesty had just signified her willingness to accept the office of President of the Greek Red Cross Society, and was anxious to learn of the various methods of national organization. With how much regret we were compelled to own that in England (this was just before the war) the British Red Cross Society had not attempted to organize a trained nurses' department, so we felt compelled to put Her

Majesty in touch with Miss Delano, the very able Chairman of the American National Committee Red Cross Nursing Service, who has revolutionised the nursing section in the United States. We now learn with interest that the Queen of Greece has placed a Greek lady at a Philadelphia hospital for training, to qualify to organize nursing schools in Greece upon her return, and that she has asked Miss Delano to arrange for any additional training, after her course at Philadelphia is completed, which will be necessary to fit her to organize an efficient Red Cross Nursing Service in Greece.

The Annual "Whole Day" working party of the Nurses' Missionary League was held at Guy's Hospital on Friday, March 26th, 1915, from 9 a.m. to 9 p.m. Not only were Guy's members present, but nurses came from the London, St. Bartholomew's, Lee District, and Camberwell Territorial Hospitals to help. During the day Dr. Blackett and Nurse Clifford gave very interesting accounts of their work in India.

Many useful articles were made, including the following :—Twelve babies' nightgowns, four overalls, twenty-four eye bandages, also eye shades and pads, over 400 bandages of various sorts, mufflers, slippers, and stockings. These will be sent to the C.M.S. Hospital, Hing Hwa, Fuh Kien, China, on the staff of which are Dr. Ronald Walker, Mrs. Walker (née Kirby), and Miss Krauss, all of whom come from Guy's. Miss Richardson very kindly gave up the whole day, and helped to superintend the arrangements.

The *Englishwoman* has refused to insert an article prepared by the Hon. Albinia Brodriek on Nursing in Military Auxiliary Hospitals, and warmly supports flooding our Nurse Training Schools with short-term probationers—to their inevitable disorganization. If the *Englishwoman* stands, as it purports to do, for woman's suffrage and sound economic conditions for women, its present attitude towards professional opinion is sincerely to be deplored.

The Isabel Hampton Robb Memorial Scholarship Fund offers annually a number of scholarships to American graduate nurses of approved qualifications who desire to prepare themselves for further service in some branch of nursing or health work, or who seek opportunities for study and investigation of some special problem in nursing.

Three scholarships, each of the value of 200 dollars, are available for the year 1915-1916, if satisfactory candidates present themselves for work, which may be carried on either in the Department of Nursing and Health at Teachers' College, Columbia University; at the School for Social Workers and Instructive Visiting Nurse Association at Boston; at the School of Civics, Chicago; or at the Henry Phipps Institute, with the Visiting Nurse Society, and the Philadelphia Training School for Social Work. The candidates will be expected to meet the educational requirements of the schools and colleges mentioned, as well as those of the Committee of the Fund.

Miss Dock writes, in forwarding her subscription for this JOURNAL:—"The Suffrage campaign work is so absolutely absorbing it leaves one no time for thought, and its importance transcends all else, for it holds a *hope* of doing away with horrors in future."

The *Nursing Journal of India* has indeed sustained a great loss by the resignation of Mrs. Klosz as Editor, but the growing demands of her young family have made this step necessary. The various collaborators have, however, risen to the occasion, and an excellent number for March has appeared. The Matrons and Nurses in India have proved themselves inspired by high professional ideals, and we feel sure they realise the value of a voice in the Press, and will keep it audible.

The difficulty of nursing typhoid in the jungle is graphically described in an unsigned paper, and we are glad to note that Recreation is recommended as a Duty.

THE INFANTS' HOSPITAL.

The Infants' Hospital, Vincent Square, has always a special interest, for it is the first hospital of its kind in Europe, and is deserving of all support, as it is the only hospital in the kingdom devoted to the study of the diseases and disorders of nutrition in infants, and their treatment upon a scientific basis, a subject on which its senior physician, Dr. Ralph Vincent, is an enthusiast as well as an expert.

On Wednesday, March 24th, after the annual meeting, held in the lecture hall, at which purely formal business was transacted, the hospital was on view, as well as the new Nurses' Home, Out-patient Department, and Research Laboratories on the opposite side of the road.

The babies in their pretty white cots, with big pink bows, were charming, those who had been some time in the hospital lively and alert, and with the glow of returning health. It was easy to pick out those who had recently been admitted by their apathy and listlessness. One wonders how these babies fare when they return to their homes, and it was satisfactory to hear from a Sister, that they are brought periodically to the Out-patient Department after their discharge, and usually their progress is satisfactory.

The Out-patient Department is most conveniently arranged, with consulting rooms for the staff, and ample waiting accommodation for mothers.

But the very heart of the institution, and its most important department, because there all the problems are worked out which affect not only the babies in the wards, but a far larger number, through the scientific knowledge gained there, and given out to the world, is the Research Laboratory, and no pains have been spared to make this as perfect as possible. The system of lighting is wonderfully effective and excellent. There is no glare of light in one place, and darkness or shadows in another, but the electric lamps enclosed in opaque glasses, in the form of an inverted half globe, reflect their light on to the ceiling, from which it is again reflected and equally distributed over the room, so that every part is light.

The Hospital has always made a special point of providing comfortable quarters for its nursing staff, and in the new building they have not only a charming sitting-room, amply provided with comfortable chairs, but a writing-room where those who wish to write lectures or letters, can do so in peace and quietness unknown to a former generation of nurses.

The new building, like the hospital, was erected and equipped by Mr. Robert Mond, but the institution is dependent upon voluntary contributions for support.

After the meeting tea was hospitably dispensed by the Matron, Miss Grassett.

SCOTTISH MATRONS' ASSOCIATION.

The fifth Annual Meeting of the Scottish Matrons' Association was held on Saturday, March 20th, at three o'clock, in the Royal Hospital for Sick Children, Yorkhill, Glasgow, with a very good attendance of members.

Miss Gill, R.R.C., President of the Association, occupied the chair.

After formal preliminary business, the President said:—

Our Meeting to-day takes place in very stirring and moving times. As a nation we are living through a great crisis, and as a profession we are asked to rise and meet great national emergencies. It is a time of extraordinary stress for every one, and the busy woman is asked to take her share with the idle.

I do not think that I am wrong in saying that the burden of supplying nurses for the War has fallen mainly on the civil hospitals and private Nursing Homes. The Matrons have not only had to work with depleted staffs; they have had to act as recruiting and supply agencies for the Army and Navy, and at the same time nearly every civil hospital, great or small, has added extra beds for the wounded. Many also have assisted in the training of Red Cross workers to meet future exigencies, while the superintendents of Nursing Homes have the greatest difficulty in meeting calls, and are suffering considerable financial loss. The tale of the past year is one of effort and high pressure—and what of the future?

We probably all realise the condition of affairs. Some fifty thousand extra beds are being asked for in the United Kingdom alone, while more nurses are wanted for our hospitals abroad. There is no question but that the supply of trained nurses is running short. Two months ago the hospitals and nursing institutions thought that they had reached the limit of self-sacrifice; it looks now as if the demands on them have only just begun. I want especially to emphasise two points which arise in connection with the present situation. The first is how best to meet the immediate demand for the care of more wounded; and secondly, what effect is the War likely to have on the future of the nursing profession? These are questions which concern us very intimately, and which we must all weigh and consider.

With regard to the first, I believe that we must be prepared to make use of voluntary assistance to the utmost possible extent, always supervising and superintending with a trained staff;

and we ourselves must be prepared likewise to a great extent to put up with "second bests" and temporary arrangements. There is no way out otherwise. The trained nurses in the military hospitals must be made to go as far round as possible.

We have some work also to do by way of educating our trained staff. They must be made to realise the emergency, and then to make the best of it; to work pleasantly with temporary help, and to put up with the break in the usual routine. We have to educate the young nurses also. Every nurse at this crisis should be prepared to help in the position for which she is considered most suitable. Like the workman, I believe that they only require to be told how critical things are, to give of their best.

Then with regard to my second point, what are we to expect after the War is over? Now this is a very serious question for the profession. Though we are prepared to utilise voluntary help, we ought at once to be taking steps to protect our nurses in training. Many volunteers will be engaged by the Military for one year, and though the Army is emphasising the fact that this is in no sense to be regarded as training, many will, after the War, seek work as professional nurses. They have already done some study and possess some certificates; after the War they will be in a position to state that they have been salaried and employed in military hospitals for a year; how is the public to distinguish between them and fully trained nurses? In my opinion the time is fully ripe for the State Registration of Trained Nurses, and I am not inclined, owing to the stress of the times, to let the matter slide. It is a question of justice to nurses, and it is more highly desirable in the interests of the profession than ever before. May I ask if you will consider this very seriously and if, by any means, we can help forward the movement, let us endeavour to do so.

The Annual Report was submitted, and adopted by the meeting.

The Report by the Hon. Treasurer showed a good balance in hand.

The President, four Vice-Presidents, Hon. Secretary, and Hon. Treasurer were re-elected.

Miss Guy, Royal Victoria Hospital, resigned her position as Vice-President, and Miss Edmondson, Royal Infirmary, Aberdeen, was elected to the vacancy.

Two members of Council retired in rotation, and two new members were elected. Two honorary members were elected. Four resignations were received, and five new members were elected.

It was suggested, and unanimously agreed to, that the Association should endow a bed for six months in the Scottish Women's Hospital in Serbia.

Miss Melrose, Royal Infirmary, Glasgow, proposed the following Resolution, which was

seconded by Miss Wise, Craig House, Edinburgh, and passed by the meeting:—

"That this Association would urge the great need of every effort being made to have the Bill for State Registration of Nurses passed as soon as possible, in view of the fact that so many untrained workers are allowed to undertake the nursing of the sick and wounded in this War."

Votes of thanks to the Chairman and to Miss Simpson, Matron of Hospital, concluded the meeting. Tea was served by the kindness of Miss Simpson, and afterwards the members visited the beautiful new hospital.

We warmly support the above Resolution, and think the present time the psychological moment to press our just professional demands upon the Government. Nurses' Registration is not a Party Question, and from an economic aspect, no class of workers are less protected, or have proved more indispensable, than trained nurses during this national crisis.

OFFICIAL ANNOUNCEMENT.

SCHOOL OF MASSAGE AND SWEDISH REMEDIAL EXERCISES, 55, BRIMPTON ROAD, KNIGHTSBRIDGE, S.W.

The Misses Scamell and Bedingfield hereby announce that, following a dispute with the I.S.T.M. with regard to entries to the Teachers' Diploma and Swedish Remedial Exercises Examinations, the Society on September 18th, 1914, removed their names from the roll of certificate holders and members of the I.S.T.M. without stating a reason or giving previous notification, and advertised the fact in advertisement columns of two nursing papers.

A solicitor's letter failing to elicit a reason for this removal, a writ was issued against the I.S.T.M. in the King's Bench Division on December 4th, 1914. The Society's solicitors wrote on December 29th, 1914, admitting that the Misses Scamell and Bedingfield were still certificate holders and members of the Society, and offering to pay costs of the action to date. This offer was accepted after the I.S.T.M. Council had passed a resolution on February 12th, 1915, officially reinstating them.

The Misses Scamell and Bedingfield on March 15th, 1915, sent in their resignations as members of the I.S.T.M., and now wish to make it known that the work of the School and Hospital continues as usual, and that their students will be specially examined by members of the medical profession pending the inauguration of a new public examination in massage and Swedish Remedial Exercises.

A CLEARING HOSPITAL FOR THE REFUGEES.

It is inevitable that amongst the many hundreds of refugees, especially Belgians, who are at present in the Metropolis, a considerable number should need medical treatment, particularly when we consider the strain they have undergone. It is further desirable that such treatment should be available in an institution where their special needs are considered. The Local Government Board has acted wisely in inviting the Metropolitan Asylums Board to undertake this work, for there is no body in London which can do it more efficiently, as anyone visiting the extremely well organised dispensary and clearing hospital in Sheffield Street, near Kingsway, will realise. The hospital is within a stone's throw of the old King's College Hospital, in Lincoln's Inn Fields, and opposite the Old Curiosity Shop, immortalised by Dickens.

The building, which is spick and span from top to bottom, having been entirely re-painted and newly furnished when taken over by the M.A.B., has on the ground floor the out-patient department, waiting rooms, consulting rooms, the dispensary proper, and registration office. A dispensary may be a forlorn and unkempt place, or attractive and orderly, according to the mind of the dispenser. This one, which is in charge of a fully qualified lady dispenser, is good to look upon. Rows of immaculate bottles and jars are ranged in shining order upon spotless shelves, and well filled cupboard and drawers contain everything that is needful for the work of the institution. Within is the sitting room used by the dispenser and an interpreter, a most useful official in an institution of this kind. One is reminded of its special intention by the fact that all the notices on the walls are in French and Flemish; and the card given to each patient, on which Name, Register No. and Case Book No. are entered, announces:—

"Ouvert tous les jours (Dimanches exceptés) de 10 h. du matin à 1 h., et de 2 h. à 5 du soir. Samedi de 10 h. à 2 h. seulement."

This is repeated below in Flemish.

In addition to the dispensary there are wards containing 24 beds (including a few cots), six of which are for isolation cases, one of the isolation wards being divided into three cubicles, so that different diseases can, if necessary, be isolated. If found necessary, the in-patient accommodation can be increased by six or eight beds.

The heating is by hot-water pipes, and on a cold day the whole building seemed delightfully warm, but none too warm for its Belgian patients, none of whom, moreover, have apparently any liking for fresh air.

The Medical Officer in charge is Dr. D. F. Riddell, of the Asylums Board Service, who has as his colleague Dr. G. De Lacy, a Belgian doctor. The Matron is Miss Jenkins, who has had experience of Refugee work as Matron at Millfield House, Edmonton, as has also Sister Lys.

SOCIAL SERVICE.

"THESE LITTLE ONES."

Nothing better can happen to a nation than when its great heart is stirred, and it is roused from apathy to a sense of wrong, and righteous indignation, however much the cause may be deplored. Nothing has made us feel the profundity of the horrors of this war more than the many acts of dishonour, cruelty, barbarity and outrage which have been wantonly committed by the relentless foe, more especially on unarmed civilians; and our blood gets hottest when we hear of ill-treated children, the weakest and most defenceless victims. But I say without fear of contradiction that the sufferings that some children have endured during this war, cannot be compared with the sufferings of the children of all *civilized* (?) countries, which, in spite of laws made specially for their protection, and the pains and penalties prescribed by those laws for those who "offend these little ones," go on continuously. Laws are easily evaded, miscreants are frequently sheltered by those who are paid to administer justice. If time and space permitted, I could furnish abundant proof of this statement. Let those who doubt my words, go to the Police Court when a case of outrage on a child under 16 is being tried. There may be some difficulty in getting admitted, but let it be remembered that it is *unlawful* to exclude a woman from the Court, and at such a time the police court is "the woman's sphere"—the womanly woman, with an aching heart for the ill-used child. The most cowardly wickedness is that committed against a child, and the most cowardly and cruel form of wickedness is that committed by the fiend in human form who outrages a little girl. If legislation were effective, if it were deterrent of evil, evil would decrease. *This supreme evil is on the increase!* How can we be surprised, when punishments are so inadequate and often nil! How can we be surprised when a judge says to the jury: "We are all liable to fall, gentlemen; we must be lenient"—and they *were* lenient! In Australia, where legislation bears the stamp of the influence of the women's vote, a judge said to a man convicted of this crime: "I will give you the minimum punishment of ten years"! Comment is unnecessary, the significance is obvious. Jurymen should be men of character, possessing a profound sense of their responsibility and of justice. When the evidence is abundantly clear, gentlemen of this ilk in our country sometimes deliberately refuse to convict; one was heard to say: "I do not intend to convict, and I won't."

These, and many other things that we know of, go to prove that the whole system of our Law Courts is a travesty of justice, a mere parody. The ideal of justice in the Law Courts of the Ancient Greeks was far higher, than in this—our Christian country.

A very excellent suggestion has been made by Mrs. Nott-Bower, who deplores the fact that there

is often considerable difficulty in getting sufficient evidence to convict, where the outrage upon the child has been committed in the home. She suggests that something should be done on the lines of the Protection of Animals Act; namely, that the outrage should be deemed an act of cruelty, if it is committed under the parents' roof and by their connivance. At the present time the law protects animals better than it protects children! "The Nation is wide awake and fully conscious of its duty" writes a contemporary. In view of this great and prevalent evil, this war on the future race, we must most emphatically deny that statement. In this respect the nation is asleep. Between the years 1905 and 1915, 7,325 cases of defilement of little girls were tabulated. These were *known* cases, possibly the unknown ones might double the figure—staggering, is it not? What are we going to do? Get the parliamentary vote as quickly as we can? By all means, that is our aim and purpose; but in the meantime let the country ring from one end to the other, we need not wait till the war is over. It is most gratifying to learn that at long last, a Committee has been formed for the Prevention of Criminal Assaults on Children as the results of a conference held last July. The credit of this is largely due to the splendid and untiring work of the Women's Freedom League, which has done so much to show up this worst of evils. A simple way in which we could help the Committee, would be to send information of any case that comes under our notice to the Hon. Secretary, Mrs. Arthur Hutchinson, Aysthorpe, New Road, Cambridge.

Words uttered nearly 2,000 years ago are ringing in my ears:—"Whoso shall offend one of these little ones, it were better for him that a mill-stone were hanged about his neck and that he were drowned in the depths of the sea."

BEATRICE KENT.

OUR GALLANT COMRADES.

A beautiful Anglo-Boer Memorial to the horses that perished in the South African War, has been erected at Port Elizabeth "in recognition of the gallant animals who perished in the Anglo-Boer War, 1899-1902." It takes the form of a drinking fountain for man and beast, and above is a khaki-clad and helmeted soldier, giving a drink to a noble horse.

CARE OF SOLDIERS' DOGS.

Our Dumb Friends' League have made arrangements to take free charge of pets belonging to soldiers and sailors, who have no relatives or friends with whom to leave them. For this purpose a ward has been opened at the Animals' Hospital of the League, at 1, Hugh Street, Belgrave Road, S.W. It is presumed that the pets will be limited to dogs, cats, and birds. To those interested in the care of animals, the hospital will be open for inspection on Tuesday afternoon next. No doubt many soldiers and sailors will be glad to leave their pets in such good care.

BOOK OF THE WEEK.

"ACHIEVEMENT."

Those who have not as yet read "Richard Furlong"—noticed some time ago in these columns—should hasten to do so before reading "Achievement," which is the sequel to the above-mentioned. Those who are fortunate enough to have done so, will hail with pleasure Mr. Thurston's last novel, for "Dickie" is a person all must wish to meet again.

Dickie, the son of a miller, ran away from home, to express himself in painting pictures. He lodged at a general shop in a poor quarter of London, and at twenty-two years of age married Constance, the daughter of the shop.

Thus much for the uninitiated: "Richard Furlong" closes with the death of Constance at the birth of her child. "Achievement" opens with the account of her funeral. There is nothing usual in this book.

"Robbed suddenly of the woman he loved, the meaning of his work seemed gone. She had not understood it when she was alive, but now that Constance was dead he was reaping the knowledge of all that she had meant to his vitality. As the clergyman walked away, he came quickly to Mrs. Baldwin's side: 'Look after the child,' he said, 'I am going away.'

"'There ain't no stopping Dickie,' declared Mrs. Baldwin. 'I know him when he gets his mouth like that. I remember when he was tryin' to make 'is printin' machine out of 'the washin' mangle,'"

Dickie's bruised heart turned instinctively to his home at the mill, in Gloucestershire. On the road there, he stopped one night at the "Fox," where he and Constance had stayed in the early days of their brief wedded life.

"'Where's your wife this time?' the landlady asked, suspiciously. 'She's dead,' said Dickie, simply, and judging the look in his eyes she forgot the worldliness of her suspicion, and believed him. "'Poor boy,' she said."

She put a whisky bottle, full of hot water, in his bed that night, and herself turned down the sheets.

"She asks him, 'Why did you come 'ere? Only distressin' yourself, ain't yer?'

"'Well, I suppose I am,' said he. 'Still I expect I want to distress myself—I don't know.'

"'Well, that's a silly thing to do,' she said. 'What do yer want to go and do that for?'

"'I don't know,' he said."

Yet the reason is doubtless clear enough. To touch emotion at whatever cost is as instinctive in him as the will to breathe. He plays with fire all his life, conscious, no doubt, of the good to be

achieved, yet burning his fingers, risking his soul in the furnace.

Truly, Dickie had his share of experience in these matters. The pleasant young Mrs. Flint, who kept his father's house, loved him, and as a consequence Dickie once more returned to his town life. It was then he first tasted the absolute freedom of youth, for Dickie was at this time only twenty-three.

It was in a poor, bare studio of his very own that he painted his famous picture, "Jade," the model for which, in his search for experience, he had met late one night in the street, and who persuaded him that she had been locked out of her place of business. She shared Dickie's studio for some time, he giving up to her the partitioned corner which served him for a bed-room. Dickie was Dickie, and no harm came to either. But the title of his picture, although it referred to her ornaments, had a more sinister application. The manner in which he approaches Mrs. Samby, his charwoman, on this subject, is delightfully told.

"'Am I to call her miss or ma'am?' she asked, pitifully. 'Call her miss,' said Dickie, 'and don't be an old fool; she's as straight as you are, Fanny.'"

It was after this that he loved and was beloved by the beautiful Lady Diana Charteris, wife of dissolute Lord Freddy.

Alas! Dickie, in a moment of passion, answered his insults by silencing him for ever. Dickie dies by his own hand.

Every person in these pages is a creation, every page a study. We envy those whose pleasure in the perusal of "Achievement" is still to come.

H. H.

LINES TO A PHYSICIAN, EQUALLY APPLICABLE TO A NURSE.

And last, not least, in each perplexing case
Learn the sweet magic of a cheerful face,
Not always smiling, but at least serene
When grief and anguish cloud the anxious scene,
Each look, each movement, every word and tone
Should tell the sufferer you are all his own.
Not the mere hireling, purchased to attend,
But the warm, ready, self-supporting friend
Whose genial presence in itself combines
The best of tonics, cordials, anodynes.

Oliver Wendell Holmes.

COMING EVENTS.

April 13th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Lecture on "Burns and Frost-bite." Dr. Mabel Crawford. 7.30 p.m.

April 15th.—Monthly Meeting of Central Midwives' Board, Caxton House, Tothill Street, Westminster, S.W. 3.30 p.m.

WORD FOR THE WEEK.

Sympathy is the key that fits the lock of any heart.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

A "DREADFUL TRAGEDY OF ERRORS."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Thank you so much for dealing with the case of neglect at the Sydney Hall Fortress Hospital at Weymouth. Many of my fellow townswomen feel very strongly about it. I was specially glad you commented on the fact that the "hard swearing" at the inquest (for it amounted to that) was calculated to defame the dead. I consider that is a very abominable aspect of the case, and those whose word the jury doubted should be prosecuted for perjury, but no doubt they will be permitted to continue to victimise the sick. I note you laid stress on the evidence of William Micking, sergeant Royal Scots, in which he spoke of the "clean sheet" of the deceased. May I be permitted to draw the attention of the readers of THE BRITISH JOURNAL OF NURSING to the following statement made on oath by Dr. F. H. Rodier Heath of Weymouth, who made the *post mortem* on poor Gribbin's body? He said "there was no smell of alcohol in the deceased's stomach. The contents had been preserved if an analysis were required," conclusive proof that the poor fellow was sober when admitted to the hospital, and that death was due to shock following his terrible injuries.

Whoever is responsible for the standard of nursing in the Sydney Hall Military Hospital is greatly to blame for permitting an uncertificated nurse to be in charge alone at night, especially where there is no resident medical officer, and it is high time our brave men should be protected from such risks. Along this coast many voluntary hospitals for soldiers have been run by untrained or semi-trained women. It is time they were all closed or thoroughly trained resident matrons appointed.

Many very insufficiently trained women are also attached to private nursing institutions near by, but no one knows or appears to care whether they are trained or not. My daughter, who is a well trained nurse, brought your splendid journal to my notice, and we are all staunch registrationists—more so than ever after this sad death.

Yours truly,

A WEYMOUTH WOMAN.

THE NATIONAL ANTHEM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—We always sing "God Save the King" the same as when you came to see us. Now we sing the new verse we learnt from THE BRITISH JOURNAL OF NURSING, to remind us of our soldier friends.

WILLIE WILSON.

Royal Hospital for Sick Children, Gullane, N.B.

[We once spent a few very happy days at Mur-

field House, amongst the dear little children convalescing there, and sang with them many fine songs with the help of the gramophone. We hope Nesta Blennerhasset's beautiful additional verse to the National Anthem, which we published last week, will be sung far and wide as long as war lasts.—ED.]

ALL PORTS IN A STORM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—I read the other day that Dr. Edmund Cartwright, "inventor of the power loom," relates in his "Memoirs" that he used yeast as a cure for typhus, with remarkable success. He gave his patients two or three large spoonfuls of yeast every two or three hours in warm water; they were cured in less than a week.

I have seen yeast used in tabloid form for boils but never for anything else except cooking. It cured the boils after several other remedies had failed.

If yeast is obtainable in Serbia it would be worth trying. It is not expensive, although German yeast, which by the way comes from Holland, has gone up 25 per cent. since the War began.

Yours faithfully,

MARY HARVEY.

REPLIES TO CORRESPONDENTS.

Trained Nurse, London.—We should advise you to apply to the Secretary, Serbian Relief Fund, 55, Berners Street, W. The Fund has just completed one unit; but Serbia is in urgent need of nurses, and doubtless others will be formed. Miss Macqueen, formerly Superintendent for England Q.V.J.L., and a member of the Committee, is assisting in the selection of nurses.

Supervision of Midwives.—The Central Midwives Board has made a definite recommendation to the Privy Council, by which body its rules must be approved, that the term of training should extend over a period of six months. It now awaits the approval of the recommendation, which is one which will be endorsed, practically without exception, by those who are responsible for the training of midwives as a step in the right direction.

Mrs. P. James, Birmingham.—The registration of the birth of a child on any ship carrying passengers to or from any port in the United Kingdom must be recorded by the Master, who must subsequently make a return to the Registrar-General of Shipping and Seamen; or to the Superintendent or Chief Officer of Customs at a port in a British Possession. A certified copy of the entry made by the Master is sent in due course to Somerset House. No further registration is necessary.

OUR PRIZE COMPETITIONS.

April 10th.—Describe the various digestive juices and their action.

April 17th.—Describe the condition of urine in Cystitis, Bright's Disease, Hydro-nephrosis, Rheumatism, and Diabetes.

April 24th.—Describe the various kinds of fractures, and their complications.

The Midwife.

ANTENATAL HYGIENE.

"Professor Whitridge Williams," says the *British Medical Journal*, "wisely chose the subject of antenatal hygiene for the presidential address which he delivered at Boston before the American Association for the Study and Prevention of Infantile Mortality, for, truth to tell, much spade work must be done before prenatal care can be made to bear good fruit in an increase in the number of living and healthy infants brought into the world, and the speaker's name and position served to emphasize the real importance of the matter."

"The particular bit of spade work which Whitridge Williams undertook was a statistical study of 705 fetal deaths occurring in 10,000 consecutive admissions to the obstetrical department of the Johns Hopkins Hospital in Baltimore. The results in the Baltimore cases are of supreme interest and importance. It was found, in the first place, that syphilis was far and away the most common etiological factor in the production of death, having an incidence of 26.4 per cent. It caused 186 of the 705 deaths; it was much more common among the blacks than among the whites (as 35 to 14 per cent.); and it was the direct cause of two-fifths of the deaths occurring among the premature infants. But that was not all. The microscopic examination of the placenta showed that 350 syphilitic children had been born of the 10,000 women, and that, therefore, in addition to the 186 dead infants referred to there were 164 still alive at the end of two weeks who were probably to be regarded as handicapped by the dead weight of syphilis. Possibly some of the dead and macerated fetuses also owed their antenatal demise to the same cause, although it was not demonstrable. These are very remarkable facts, and justly, if indeed justification were needed, the Royal Commission on Venereal Diseases, the Commission on the Falling Birth-rate, and other recent collective investigations of the same sort. Whilst the loss of antenatal and neonatal life thus revealed is appalling, there is one hopeful fact which emerges: syphilis is preventable, and even when it has been acquired, its ravages can to a large extent be limited and to some degree arrested by appropriate antisymphilitic treatment. Early diagnosis, however, is essential, and that, for the current pregnancy at least, is not always possible, although it ought, of course, to be so for the ensuing ones."

"Reference has already been made to the opportunities of lessening this great infantile mortality by preventing or by treating parental syphilis; but several of the other causes of death are open to therapeutic attack. Careful midwifery at the time of labour, but determined by

examinations made before labour, may be looked to as a means of diminishing the fatalities due to dystocia; prematurity of birth may, in some cases at least, be prevented by the exercise of supervision over the expectant mother; toxæmia, too, offers an undoubted field for antenatal hygiene; and knowledge of the risks run in pregnancy and for the danger signs which may occur then is likely to prevent some of the fetal deaths due to such states as placenta prævia and premature separation of the afterbirth. In a sentence, the possibilities of a prenatal care which leads on to hygiene in pregnancy are by no means few or unpromising."

"Professor Whitridge Williams lays much stress upon the development of dispensary work at maternity hospitals among the pregnant women who will in a few weeks or months be attended at their labours from or in hospitals. He would render such work more effective by sending out from the dispensary prenatal nurses, women well trained in the normal progress and in the abnormal happenings of pregnancy, to keep in touch with and give advice to the expectant mothers. In other words, he would trust to what has been termed in Britain "the prematernity out-patient department" in association with a pregnancy dispensary at the hospital. It would be well, however, and indeed it seems to be absolutely necessary for real success, to add to these means the establishment of a prematernity ward in the hospital, such as was opened in Edinburgh some years ago."

QUESTIONS AND ANSWERS FOR MIDWIVES.

A useful little book is "Questions and Answers on Midwifery for Midwives," by Dr. A. B. Calder, published by Messrs. Baillière, Tindall & Cox, 8, Henrietta Street, Covent Garden, W.C., price 1s. 6d.; and the fact that it is in its fourth edition, and that thirteen thousand copies have been published, proves its popularity with the class for which it is intended. The first portion of the book, which deals concisely with the syllabus of subjects for the examinations of the Central Midwives' Board, must be very useful to both teachers, as a basis for instruction, and also to pupils who wish to review their work before an examination.

Here is a specimen of the examination questions and answers:—

"What is Nature's method of checking hæmorrhage from the placental site after the separation of the placenta?"

"Hæmorrhage is prevented by retraction—that is, a progressive thickening of the uterine muscles, due to incomplete relaxation after the pains pass off. As the muscles surround the sinuses, they

thus grasp them in an ever-tightening grip, so as to compress them. This occurs all through the labour pains, but more particularly in the second and third stages, as the pains become stronger and quicker. The stagnant blood in the torn sinuses clots and forms a plug, useful to prevent bleeding during the normal relaxation which follows a contraction. The circulation through the branches of the uterine artery in the uterine wall is diminished in force by the folding of the main vessel, which occurs as the child emerges and the uterus is emptied. This decrease in the force of the current tends to help the effect of retraction by not forcing open the torn vessels."

From which it will be gathered that this *multum in parvo* has a very useful function.

THE HAMMERSMITH DAY NURSERY.

The Princess Christian Day Nursery, 135, Blythe Road, W., is doing good work, in a poor part of the metropolis, on non-pauperising, non-sectarian, and non-political lines. The staff consists of a Matron, Head Nurse, three Under Nurses, and a Cook General, all interested in the work of the Nursery.

The Hon. Medical Officer, Mr. Richard Bevan, D.P.H., reports that "the value of the work done is shown by the steadily increasing numbers of admittances. This is mainly due to the efforts of the excellent Matron and Staff, and to the earnestness and hard work of the Committee, and other willing workers.

"There has been very little illness of any kind, and no spread of anything infectious. The prompt isolation and securing—by the Matron—of proper advice has prevented this."

Mr. Bevan is "much struck (when visiting the Crèche, generally unexpectedly) with the cleanliness, not only of the children, but of the whole Institution. It is well ventilated, the children well looked after and properly fed, and seem extremely comfortable and happy. A rapid improvement is noticed in those children who come regularly for a few weeks.

"A great testimony, too, is the gratitude of the mothers. This proves that the many efforts made to maintain the Institution to a high standard of efficiency, and the resulting benefit to the children, have been successful and appreciated."

DELICATE BAROMETERS OF NATIONAL WELFARE.

Dr. Barbara Tchaykovsky, Hon. Treasurer of the East London Federation of Suffragettes, urges the claims of women and children fighting in their own way at home the intensified enemy brought to their doors by the European conflict. At all times the struggle for existence in the East End is acute, and with the ever-rising prices the weekly list of bare necessities has now to be still further curtailed, and, as always, the mothers are the first to go short, and the babies, those delicate barometers of national welfare, are not

likely to improve under the adverse conditions created by shortage of food, warmth and breathing space. Orders for work, gifts of stuff for making up into clothes to give away to those who are destitute, also money to pay for wages of those employed on making things to give away, are urgently needed. So are funds—at least £100 a week—and the return is the knowledge that very real and lasting help is being rendered to the babies and their mothers, who must otherwise starve, and starve hopelessly. A short time ago, the British casualties were reported to be 104,000. Dr. Tchaykovsky asks: "Is it generally realised that each year we lose over 114,000 babies, mostly through neglect and malnutrition, and their attendant ills?"

THE JEWISH DAY NURSERY.

Lady Rothschild, the President, who was unable to be present at the annual meeting of subscribers of the Jewish Day Nursery, in communicating her regret, stated that she "always looked forward with great pleasure to visiting the crèche, where all is so bright and attractive. It is a really admirable institution, and I think the whole of the Jewish community ought to be proud and grateful at the excellent work carried out."

TAKE CARE OF THE YOUNG LIVES.

The Hon. Mrs. Murray Smith, presiding at the annual meeting of the Leicestershire Nursing Association, emphasised the importance of conserving the young lives born into the country.

NURSE-MIDWIVES IN SCATTERED COUNTRY DISTRICTS.

At the annual meeting of the Cornwall County Nursing Association, the Executive Committee reported that during the year there had been considerable growth in public opinion as to the necessity for good nursing in every home with special regard to the needs of mothers and children, and it now seemed almost certain that the Local Government Board would be prepared to help to establish qualified nurse-midwives in those scattered country districts where there was no resident midwife and often no doctor, and where it was impossible to provide locally sufficient funds for the maintenance of a nurse.

PREVENTIVE MEASURES FOR BREAST ABSCESS.

A writer in the *Boston Medical and Surgical Journal* says that organisms are present in the nipples of all pregnant women and in the milk ducts of 86 per cent. of them. The preventive measures for breast abscess consist in absolute cleanliness of the nipples and avoidance of injury to the breasts. Prompt treatment of mastitis by bandaging, ice packs, cold, astringent compresses and saline catharsis, is also necessary as a preventive.

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EDITORIAL.

ARBITRARY ACTION.

There are evidences on all sides that, in the immediate future, there will be a great demand on the resources of the nursing profession to meet the needs of the sick and wounded brought back to the hospitals in this country from the battlefields abroad. It is a demand which appeals to all nurses, and we have no doubt whatever that the nursing profession will rise to the occasion, and will do their utmost to meet an exceptional situation with exceptional service.

The needs of Belgium, France, and Serbia for skilled nursing are even greater than our own, for trained nursing, as we understand it, has only recently begun to be understood in those countries, and, further, we must not forget that it is on their soil that our battles are at present being fought, and that there is corresponding distress in the devastated regions which to us, so far, is unknown.

It is sympathy not only with our own brave soldiers, but with all who are fighting for liberty and freedom, which has made some British nurses anxious to place their skilled services at the disposal of our allies, and grateful for the opportunities which have been afforded them for so doing. The right of professional and industrial workers to engage to serve where and whom they choose is, in our opinion, incontestable. Just as the feeling in the British Empire has always been against conscription for the army, so we believe it is against compulsory service for nurses, preferring that they should be free to offer their services where they choose, and, until legislation is enacted decreeing otherwise, we believe they have a perfect right to do so.

It will therefore be a surprise to many that, acting under instructions from the War Office, issued, we are informed on the

first of this month, members of the French Flag Nursing Corps, engaged in accordance with arrangements made by the French Minister of War to serve in Military Hospitals in France, were prevented by a British Red Cross official, and a Scotland Yard detective, from leaving Victoria with this object on April 2nd, though their passports, issued by the Foreign Office, were absolutely in order. The nurses thus summarily treated were requested to present themselves at the head quarters of the British Red Cross Society at 83, Pall Mall, S.W., and a car placed at their disposal for that purpose. The reason of their detention was there explained to them to be that the War Office needed the services of all trained nurses whose qualifications conformed to its requirements, and therefore objected to any such nurses leaving the country except under urgent conditions.

Every one will sympathise with the War Office desire to secure the services of well trained nurses, but so arbitrary an interference with the rights of the members of a skilled women's profession, to make contracts as they choose, cannot pass unchallenged.

Before taking such action the War Office authorities should, in any case, have given the widest publicity in the press to its intentions, and should have instructed its representatives to present to each nurse a copy of the order under which she was detained. It did neither.

What action are trained nurses going to take in this matter? In our opinion they should not submit to such arbitrary treatment without further explanation.

The discourteous action of the British Red Cross Society, in connection with the police, appears to us inexcusable in the present instance, as the nurses in question have been accorded the honourable position of officers in the French Army by the Minister for War of an Allied Power.

OUR PRIZE COMPETITION.

DESCRIBE THE VARIOUS DIGESTIVE JUICES AND THEIR ACTION.

We have pleasure in awarding the prize this week to Miss Ethel E. Hall, Whitworth Road, Dublin.

PRIZE PAPER.

The two great ends achieved by digestion are, that it renders food soluble, and that it makes it capable of being absorbed into the blood vessels. The process by which the fluid food passes through the living tissues is called osmosis. There are some fluids, however, which cannot undergo osmosis, such as watery mixtures of meat and starch. In the process of digestion certain foods are simply dissolved, whilst others need to be changed entirely in character before they can be dissolved.

Working under the influence of the heat of the body, the chief agents of digestion are the fluids which are secreted by various organs.

These fluids are:—The saliva, formed by glands in the neighbourhood of the mouth; the gastric juice, which is abundantly poured out into the stomach; the bile, which comes from the liver; the pancreatic juice, which comes from the pancreas, or sweetbread; and the intestinal juice, which is poured into the whole length of the bowel from the membrane which lines it.

The proper division of the food by the teeth is essential for the healthy performance of digestion.

The first digestive fluid is the saliva, found in the mouth; this fluid is furnished by three sets of glands. Those in front of the ears are the parotid glands, and the other two pairs, called sub-maxillary and sub-lingual glands, are situated in the floor of the mouth. The saliva acts only on carbo-hydrates, transforming the starch contained in them into a variety of sugar called maltose. This action is due to a substance in the saliva known as ptyalin. The saliva is a colourless fluid.

The food is next acted upon by the gastric juice in the stomach. The great action of the gastric juice is to convert the proteids into peptones. The gastric juice contains a trace of hydrochloric acid and a principle called pepsin. The action of the gastric juice on milk is to form a substance called casein. The only effect the gastric juice has on fat is to break it up into very small particles.

When the food is reduced to an evenly fluid mass (chyme) by the action of the gastric juice and by the movements of the stomach, the muscular fibres relax and the food passes into

the intestines. There it is subjected to the action of three juices, the bile, the pancreatic juice, and the intestinal juice.

The pancreatic juice is secreted by the pancreas, and is conveyed by a duct into the duodenum, where it meets the acid chyme. It acts on the proteids, the fats, and the carbohydrates. The proteids are converted into peptons; but whereas the gastric juice acts only in the presence of an acid, the pancreatic juice fails to convert the proteids into peptons when an acid is present. The substance which brings about the change in the pancreatic juice is called trypsin; a second ferment is that known as amylase, changing starch into sugar. A third ferment called steapsin acts on fats by emulsifying them, whilst a fourth ferment is known as rennin, this last curdling milk.

The pancreatic juice acts more powerfully on the carbohydrates than the saliva does, the starch being rapidly changed into maltose.

The intestinal juice is secreted by glands in the wall of the small intestine. Its action is not so rapid nor definite as that of the gastric or pancreatic juices. It acts, however, on the food substances, as does the pancreatic juice, and it also has the power of curdling milk. The bile, which is secreted by the liver and stored in the gall bladder, is conveyed into the duodenum by the common bile duct. The reaction of bile is alkaline. It has no digestive action on proteids. In addition to its slight emulsifying power, the bile acts as a stimulant to the bowel, increasing its peristaltic action; it also plays the part of an antiseptic. The contents of the intestine are transformed by the emulsifying action of the digestive fluids into a thick whitish fluid called chyle. This fluid is absorbed into the blood, partly by the capillaries in the walls of the intestines and partly by the lymphatic vessels of the bowel. The blood vessels are responsible for the absorption of the chief part of the peptones, the sugar and salts and a little of the fats, while the lacteals carry into the blood the principal part of the fats, with a small quantity of peptone.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. G. Gilchrist, Miss E. M. Chapman, Miss H. M. Springbett, Miss A. McClure, Miss D. Vine, Miss A. Phipps, Miss D. Maton, Miss M. Tobin, Miss A. Ballard, Miss A. Phillips, Miss G. M. Rainey, Miss F. Sheppard, Miss E. M. Fenn, Miss G. Davies, Miss A. Wood, Miss M. Rowntree, Miss C. G. Cheateley, Miss M. E. H. Meadley.

THE MINOR HORRORS OF WAR.

Dr. A. E. Shipley, Hon. Sc.D., Princeton, F.R.S., Master of Christ's College, Cambridge, and Reader in Zoology in the University, has conferred a boon upon the public by reprinting in book form papers contributed by him to the *British Medical Journal* on the above subject, though he tells us in his preface that "the contents of this little book" (which is published by Messrs. Smith, Elder & Co., 15, Waterloo Place, S.W., price 1s. 6d.) "hardly justify its title." There are whole ranges of 'Minor Horrors of War' left untouched in the following chapters. The minor poets, the pamphlets of the professors, the people who write to the papers about 'Kultur' and think that this is the German for Matthew Arnold's overworked word 'Culture,' the half-hysterical ladies who offer white feathers to youths whose hearts are breaking because medical officer after medical officer has refused them the desire of their young lives to serve their country. Surely, as Carlyle taught us, 'There is no animal so strange as man.'

"These 'Minor Horrors of War' and many besides have for the moment been neglected in favour of certain others which attack the bodies, the food, or the accoutrements of the men who are giving all that they have to give, even unto their lives, for their homes and for their country."

The minor horrors with which Dr. Shipley deals are the louse, the bed bug, the flea, the flour moth, flies (the housefly, the bluebottle, and others), mites (the harvest mite and endoparasitic mites), ticks, and leeches—a formidable company adding to the discomfort of the armies in the field.

THE LOUSE (*PEDICULUS*).

The author confines his attention to two species—(*Pediculus capitis*) the hair louse and (*Pediculus vestimenti*) the body louse. Concerning the latter we read: "Wherever human beings are gathered together in large numbers, with infrequent opportunities of changing their clothes, *P. vestimenti* are sure to spread. It does not arise, as the uninformed think, from dirt, though it flourishes best in dirty surroundings. No specimen of *P. vestimenti* exists which is not the direct product of an egg laid by a mother louse and fertilised by a father louse."

The body louse is rather bigger than the hair louse, and its antennæ are slightly larger. "It so far flatters its host as to imitate the colour of the skin upon which it lives; and Andrew

Murray gives a series of gradations between the black louse of the West African and Australian native, and the dark smoky louse of the Hindu, the orange of the Afriander and of the Hottentot, the yellowish brown of the Japanese and Chinese, the dark brown of the North and South American Indians, and the paler brown of the Eskimo, which approaches the light dirty grey colour of the European parasites.

"The habitat of the body louse is that side of the underclothing which is in contact with the body. The louse, which sucks the blood of its host at least twice a day, is, when feeding, always anchored to the inside of the underclothing of its host by the claws of one or more of its six legs. Free lice are rarely found on the skin in Western Europeans; but doctors who have recently returned from Serbia report dark brown patches, as big as half-crowns, on the skins of the wounded natives, which on touching begin to move—a clotted scab of lice! But the underside of a stripped shirt is often alive with them."

Mr. C. Warburton, of the Quick Laboratory, Cambridge, who has made investigations concerning the louse at the request of the Local Government Board, reports that the life cycle of the insects is as follows:—

Incubation period: Eight days to five weeks.
From larva to imago: Eleven days.

Non-functional mature condition: Four days.

Adult life: Male, three weeks; female, four weeks.

"From Mr. Warburton's experience it is perfectly obvious that unless regularly fed, body lice very quickly die. The newly hatched larvæ perish in a day and a half unless they can obtain food."

Like most biting insects, the body louse from time to time conveys most serious diseases. *P. vestimenti* is said to be the carrier of typhus. The irritation due to the body louse weakens the host and prevents sleep, besides which there is a certain psychic disgust which causes many officers to fear lice more than they fear bullets.

Amongst the methods for dealing with lice are: avoidance of sleeping places where others, especially the unclean, have slept before; frequent change of clothing; the application of petrol, paraffin oil, turpentine, xylol, or benzine, by which they are readily destroyed, but it must be remembered that all these fluids are highly inflammable.

Clothing may be scalded—say, once in ten days. Garments should be turned inside out, the folds and seams examined, and exposed to as much heat as can be borne, before a fire, against a boiler, or a jet of steam from a kettle

or boiler may be allowed to travel along the seams. The clothing will soon dry.

THE BED BUG (*CIMEX LECTULARIUS*).

The bed bug is of a reddish or brownish rusty colour, fading into black. "Its body is extraordinarily flattened, so that it can readily pass into chinks or between splits in furniture and boarding, and this it does whenever daylight approaches, for the bug loves darkness rather than light. . . . It produces an oily fluid which has a quite intolerable odour."

No parasite was ever more determined in reaching the host which it desires to attack.

It is credibly stated that if you submerge the legs of your bed in metal saucers and place the bed in the centre of the room, the bugs will crawl up the wall, walk along the ceiling, and drop on to the bed and on to you.

Bugs can live a very long time without a meal. Some incarcerated in a pill box for over a year were alive when it was ultimately opened, though as thin as oiled paper, and almost so transparent that you could read *The Times* through them (only the larger print, such as the leading articles and letters from Admirals), but even under these conditions they had managed to produce offspring.

THE FLEA (*PULEX IRRITANS*).

"The fact is now fully established that the bubonic plague is conveyed to man from infected rats, or from infected men to healthy men by fleas.

"The bite of the flea is accompanied by the injection of the secretion of the so-called salivary glands of the insect, and this secretion retards the coagulation of the victim's blood, stimulates the blood flow, and sets up the irritation we have all felt."

THE FLOUR MOTH (*EPHESTIA KÜHNELLA*).

The flour moth (*Ephestia kühniella*) is important because it plays havoc with soldiers' biscuits, and "an army marches on its stomach."

THE HOUSE FLY (*MUSCA DOMESTICA*).

The house fly (*Musca domestica*) is the most cosmopolitan of insects; wherever man is, there is the fly. It is now known that the fly plays a definite part in conveying enteric fever, as well as infantile diarrhoea; while the bluebottle or blowfly will deposit its eggs not only in dead but in living flesh.

Mites, ticks, and leeches, with which we have not space here to deal, complete the minor horrors. Suffice it to say that of leeches we are told, "their bodies are as extensible as the conscience of a politician, and as flexible as that of a candidate for Parliamentary honours."

NURSING AND THE WAR.

In view of the fact that the services of every trained nurse in the country are likely to be in demand in the near future for the staffing of the large number of military hospitals required for the care of the sick and wounded it behoves all nurses to bring their knowledge up to date. To afford facilities, Miss Swift, the Matron-in-Chief under the Joint War Committee is organizing a course of Post Graduate Lectures which will be given on April 13th, 14th, 16th, 20th, 21st, and 23rd, at Burlington Gardens Theatre at 5.30 p.m. The surgical lectures will be given by Mr. Philip Turner, Surgeon to Guy's Hospital, and the medical course, including fevers, by Dr. David Forsyth, Physician to Charing Cross Hospital. The lectures will be open to certificated nurses, or to nurses who have spent a year and a half to two years in hospital. A fee of 7s. 6d. will be charged, which will include a copy of the lectures, which will subsequently be printed and circulated. Application should be made at once to Miss Swift, Nursing Department, St. John's Gate, marked "Post Graduate." The fee should be enclosed with the application.

The following nurses left London on Sunday for Serbia for work in Mrs. Hardy's Hospital, and the Typhus Colony:—

The Misses L. Kelly, R. M. Ridge, T. Crombleholme, L. Sturt, C. Gowans, B. L. Robinschaw, R. Mansell, C. L. Norman (Norwegian), M. T. O'Neill, M. Coleman.

Miss K. N. Fitch, Miss E. Lyn Jones, and Miss V. Lüders (Danish) left London on April 1st.

On Thursday, April 1st, there left Euston Station for Liverpool two contingents of nurses to join the hospital service in Serbia. At Liverpool they embarked on the Admiralty transport *Saidieh* for Salonica where they will receive instructions from the Serbian Government. Both parties are under the ægis of the Serbian Relief Fund. The British Farmers' Hospital unit has as its administrator Mr. L. M. Wynch, and Mrs. Arthur Moore is Hon. Secretary. The medical staff includes Dr. Fabian Hirst, Mr. A. J. Beadel, Dr. R. M. Morison, and Dr. J. Wilman. We have already published the names of the Sisters who will work under Miss Mozley, the Matron. The hospital is equipped as completely as possible for fighting typhus from the funds subscribed by the British Farmers, and sorely are the services of doctors and nurses needed, for news has been received by the Serbian Relief Committee that at Skoplje alone there are 3,000 cases of typhus.

Mrs. St. Clair Stobart is Director of the unit organised by the Women's Imperial Service League, which will work under canvas so as to be free from the possibility of infected houses.

Travelling by the same train was Miss Nicholson, trained at the Royal Infirmary, Edinburgh, who, accompanied by another nurse, is going as Matron

to a hospital at Belgrade, in charge of Sir Alexander Ogston. She carried some beautiful flowers, crimson carnations and lilies of the valley.

Members of the committees under which the various units were going out, and many friends and well-wishers, including Dr. Percy Dearmer and Mrs. Dearmer, who themselves left for Serbia on Sunday, were on the platform to wish them God speed, and as the train steamed out of the station many were the hopes expressed that the little party—so little when one thinks of the great needs of Serbia—which was going to the post of honour, because the post of danger, would in good time come safe home again.

Miss A. Pell, who has just returned home, gives a terrible account of the conditions prevailing in Serbia:—

"The wounded brought into our hospital were," she says, "in the most appalling condition, and most of them had been travelling for a fortnight. Their wounds were dreadful, and they were horribly septic. We had no clean cases at all. In one case I had we took a cupful of pieces of shrapnel from the man's leg. The bone was all shattered, and the wound very septic. Another man's leg was in the shape of a corkscrew when he was brought in. It was fractured, and had been twisted about so much on the journey. Both his feet were dropping off with gangrene, and he had a big gangrenous patch on his back. He lived about six weeks, and seemed quite hopeful of pulling through."

Miss Pell was a member of Lady Ralph Paget's party.

The *Times* quotes extracts from the letters of two English nurses serving in France. One writes from Neuilly:—

"It was a truly exciting night we had last night. I was awakened about 2 a.m.—bang! bang! bang! Thought a motor-car was making an appalling row and was just going off to sleep again when I heard someone outside say, 'We're all to get up and dress.' So then I thought it might be as well to see what was happening. I slipped into my dressing gown and put my head outside to find everyone greatly excited and the news that it was Zeppelins. They seemed to have gone; so after five minutes I went back to bed.

"A few minutes later someone rushed along and said, 'Come and see the Zeppelin being shot at.' The banging had commenced again. I went to Sister —'s room and saw the most marvellous sight I have ever seen. It was a gorgeous starry night and three huge searchlights were concentrated on a silver cigar gleaming against the stars. It was perfectly stationary and seemed very contemptuous of the shrapnel that was firing at it; but after the first three shots the French were getting the range and the Zeppelin moved out of the searchlights, and only just in time, as the last shot as near as possible got the tail end of it. I wish they had got it.

"I've never seen anything so extraordinary.

A peaceful, clear, cold starry night—a huge Zeppelin with three powerful searchlights on it, and small round gold red balls screaming through the air trying to hit it. Happily the Zeppelins did not do much damage, and I only saw one of them. I believe there were two, and quite a lot of French aeroplanes up after them; but worse luck! they escaped. The 'Zepp' looked a most beautiful object, gleaming silver in the searchlight. I wasn't in the least bit frightened—only intensely interested. It was funny to think afterwards that they were firing bang over our heads, and the shrapnel shells looked beautiful as they came whizzing over and onwards."

The *American Journal of Nursing* is very straight on the amateur nursing of the sick and wounded question, and says: "Ever since war broke out in Europe, we have been hearing in various ways criticisms of the kind of amateur nursing being given to soldiers especially in the English Army. . . . This giving recognition to untrained nurses, not only in England, but in other countries in Europe, is attracting attention outside of the nursing profession. Joseph Edgar Chamberlain, writing in the *New York Evening Mail*, and commenting on the situation, says: 'In another respect than the essential barbarity of some of its military methods, the present war is likely to turn the wheels of progress backward. It has already seen a considerable retrogression in nursing methods, through the intrusion of many untrained and unfit women into the camps and hospitals; and unless the tendency is checked the immense gain in camp nursing which was effected by Florence Nightingale in the Crimean War may be entirely lost to the world.'"

It is an ill wind that blows no one any good and ever practical, the American nursing world means to take warning by our mistakes. The American Red Cross Nursing Department is finely organized under the supervision of a trained nurse, who has at her command a corps of 6,000 thoroughly trained nurses, enrolled and eligible for active service, and we note that the Editor of the *American Journal of Nursing*, in referring to our disorganization says: "On account of this situation, we want to make a special appeal to the whole nursing body in our own country for the developing of our organization life, for the promoting of State Registration, which gives the nurses in America a legal status and for the strengthening of our relation with the American Red Cross, that in case of war involving our own country there may be no question of the kind of nursing service that shall be given to the fathers, brothers, husbands, and sons of our own people. . . . With the lesson of this amateur nursing condition in the warring countries before us, efforts should be constantly expended to prevent the possibility of such a situation ever arising in our own country and at no time, no matter how peaceful the outlook, must we relax the vigilance that will make the development of such conditions possible."

FRENCH FLAG NURSING CORPS.

The following members of the Corps hope to leave London at an early date for France: Miss Clemantina Addison, cert. Royal Infirmary, Leicester; Miss Lucy B. Giles, cert. South Devon and East Cornwall Hospital, Plymouth; Miss Anna B. Banks, Royal Infirmary, Edinburgh; and Miss Dorothy Sainsbury, cert. General Hospital, Bristol.

Money would be very well spent in sending and maintaining more masseuses in France. Only two so far have been requisitioned through the F.F.N.C., and from reports to hand their skilled

Lisieux, always sees the happiest point of view—and that is a tremendous faculty in times of stress. She says wonders have been done since first the F.F.N.C. Units began work at the Ecole Jules Ferry, in making the wards look pretty. The French soldiers, with their patriotism, sweetness of disposition and gratitude, just win all hearts. The convalescents go for an airing—and do not forget to bring home lovely violets and primroses, which they present to their Sisters in a most touching way; and we all know Sisters greatly appreciate these little courtesies.

Sister Holgate sends a list of the articles the Sisters at Lisieux would like, and why should they not be sent? Soap, combs, gloves, and



MEMBERS OF STAFF AND PATIENTS. ÉCOLE PROFESSIONNELLE. EVREUX.

work is of the very greatest use. Sister Wadsworth (R.N.S.) and Miss Nevill Parker, who are stationed at Evreux, have treated 680 wounded soldiers in one month. That is a splendid record, and we are glad to know they are none the worse for such arduous work. In our picture, a French lady who manages the linen at the École Professionnelle is seated in the middle; to her left, Sister Wadsworth and the Medical Officer; to her right, Miss Nevill Parker and the officer in charge. All the *infirmiers* behind are soldiers—the majority of whom have been wounded, and who are unable to return to the Front.

Mrs. C. A. Holgate, who is now Supervisor at

pieces of Turkish towelling for washing, men's slippers, a large piece of white mackintosh for an operating table, packets of cyanide gauze, butter muslin, handkerchiefs, ward thermometers (centigrade). She adds: "There is plenty of clothing here."

Sister Hanning has always a pleasing tale to tell, and desires to express thanks, through THE BRITISH JOURNAL OF NURSING, to the following kind ladies for all the useful and kind gifts received from them: Mrs. J. C. Reynolds, shirts, socks, scarves and mittens; Mrs. Ware, shirts and socks; Miss Rees, for a parcel (which I hope will arrive in a few days) of shirts and socks; Lady

Barclay's large consignment from the French Relief Fund caused great pleasure. Several of the French soldiers who have been given shirts and socks have asked me to thank the kind English ladies who have given them so much comfort: "Les dames Anglaises sont trop bonnes pour nous," they exclaimed. The slippers for the ward have indeed been a comfort. I was able to send one poor man into the interior much more comfortably than could otherwise have been done without Lady Barclay's kind help. He left on a stretcher in a very bad condition, so I put him on a pair of pyjamas (which at first caused much amusement), but when I had got him nicely settled, with warm long socks, nice muffer and mittens, they saw how much more comfortable the patient would be than in his "capote," and confessed, "Il n'y a pas comme les femmes après tout pour soigner les malades." The French soldier is, I am sure, the easiest to nurse, for to him everything is a luxury.

Sister Eaddy has also had splendid gifts of beautiful shirts, socks, scarves and handkerchiefs from the Hon. Mrs. Henn-Collins. "We always look forward to the day the B.J.N. comes."

Mrs. Gamage has again sent a nice gift to 431, Oxford Street, W.—50 soft towels and seven pieces of fine old linen—for which we thank her sincerely. The fact is we can well dispose of all we get.

CARE OF THE WOUNDED.

The Queen and Queen Alexandra have promised to attend the *matinée* which Lady Paget is organising on behalf of the American Women's War Hospital on April 27th, at Drury Lane.

It is understood that the Duke of Argyll has offered Inverary Castle as a hospital for convalescent soldiers, and Mr. Austen Chamberlain has placed Highbury unreservedly at the disposal of the Government for the same purpose.

It must not be forgotten to place to the credit of the British Red Cross Society that, in the face of much opposition, it established the good precedent of having lectures in home nursing given by trained nurses instead of medical practitioners, and it has now some very highly trained nurses on its staff of lecturers.

A house at 71, Upper Tulse Hill, S.W., containing twenty beds, is shortly to be opened as a relief hospital to the 1st London General Hospital, and will be known as Margaret Hall Nursing Home.

Miss M. L. Tyler, Linden House, Highgate Road, London, suggests that now muffers and caps are no longer wanted for the troops, British women should bend their energies to making sandbags ready for filling. Millions of these are wanted; the material should be coarse linen or canvas (white is a usual colour), and the size 33 inches by

24 inches. A space should be left unsewn at one corner for filling, to which a piece of string should be tied for closing the bag when filled. Another correspondent considers jute hessian preferable to and cheaper than linen or canvas.

A special War fund has been raised on behalf of the Royal West of England Sanatorium at Weston-super-Mare, amounting to over £2,500. This has been organized through the energy and initiative of the Hon. Superintendent, Miss Edith Maue, amongst her own friends, and the friends of the institution. Not only so, but the Staff have voluntarily given up their remuneration since the outbreak of War, thus effecting a reduction, up to the end of the year, in salaries and wages, of £235.

The Committee have placed 150 beds at the disposal of the Admiralty and War Office for the reception of wounded and invalided sailors and soldiers, reserving forty for male civilians, and suspending the admission of women for the present. The Institution was made a part of the London Hospital unit, and a Relief Hospital of the 2nd Southern General Hospital at Bristol; and the admissions of soldiers have been chiefly from those hospitals, though many cases have been taken from Haslar and other institutions.

The report of Dr. W. Fligg, the visiting Medical Officer, shows that many of the cases were most severe, including shrapnel and bullet wounds, many of a lacerated and extensive character; severe rheumatism and frostbite; severe nervous shock, resulting in one instance in total blindness, and, in another, in almost complete loss of voice. Most of the bullet wounds, some of which were of long standing, improved rapidly, except where complicated by injuries to the bones, but all did well.

The Edinburgh Committee of the British Red Cross Society (Scottish Branch), through its Personnel Committee—of which Mr. David Wallace, C.M.G., F.R.C.S.E., is Hon. Secretary—desires to draw the attention of all nurses to the fact that the new phase of the war, upon which we are now entering, must result in a heavy strain upon the nursing resources of the country. There is an immediate necessity for a large increase in hospital nursing staffs, both at home and abroad.

Fully trained nurses, not only those now in active employment, but also such as have retired or are married, willing to be posted for war duty, are asked to send their names, without delay, to the Personnel Committee of the Edinburgh Red Cross Society, at 2, Frederick Street. Both salaried and unsalaried workers are required.

Among the members of this Committee are Miss Gill, Superintendent of Nurses at the Royal Infirmary and Principal Matron, T.F.N.S.; Miss Thomas, Matron of the City Hospital; Miss Peterkin, General Superintendent of the Queen's Nurses (Scottish Branch); Miss Cowper, late Superintendent of the Queen's Nurses (Scottish

Branch); Miss Milligan, at present Matron of the Second Scottish General Hospital; and Miss Kinloch, Matron of the Royal Scottish Nursing Institution. The Convener is Mrs. J. Maxtone-Graham.

Every application will be submitted to one of the above-mentioned Matrons, and wherever possible interviews will be arranged.

Offers of service from nurses trained only in special branches, and also from those who are partially trained, will be received for subordinate positions in hospitals.

All correspondence should be addressed to The Convener, Personnel Sub-Committee, Red Cross Society, 2, Frederick Street, Edinburgh.

The following is a list of Scottish nurses who, having volunteered for War Service, have obtained posts through the Edinburgh Committee of the Red Cross Society:—

ABROAD.

Edinburgh and Border Hospital, Dunkirk, France.—Miss E. K. Philp (Matron), and the Misses Flora Biggar, Bessie Margaret Cameron, Annie Mackenzie, Marjory Mitchell.

First Scottish Unit, Rouen.—Misses Mabel Kirkpatrick, Agnes Macgregor, Mary McKellar.

Second Scottish Unit, Rouen.—Misses Clementina Kemp, Margaret McBean, Henrietta Priest.

French Military Hospitals (F.F.N.C.).—Mrs. Horan, Misses D. Simpson, S. P. McKinnon, A. Mitchell.

HOME.

Berwick-on-Tweed Infirmary.—Misses Mary MacLaren, Margaret Waters, Margaret Waterston.

Cardon House Hospital, Edinburgh.—Miss Marion Austin, Mrs. Davidson.

Dalmeny House Hospital, Edinburgh.—Misses Margaret Jack, Lucy Kay, Jean W. Nicol, Euphemia Robertson, Gertrude Ross, Margaret Shepherd, Edith Thomson, Katharine Walker, Ellen B. Wilkie.

Drumtochty Castle Hospital.—Miss A. McLean. *Edenfield, Springfield, Fife.*—Miss Nina Gray, Matron, and the Misses Isabella Grace Harrison, Mabel Flower, Agneta Lauder, Matron.

St. Leonard's House Hospital.—Miss Mary Gibb, Matron, and the Misses Rhoda Chisholm, Helen Jack, Ethel Keys, Helen Stewart, Christine Meldrum Young.

Whitehill House Hospital.—Miss May Torrance. *Woodend Hospital, Cupar, Fife.*—Miss Christina Galloway.

Lieut.-Colonel Mayo-Robson, writing on March 23rd from the Urgency Cases Hospital, Hôpital Central Anglais, Bar-le-Duc, reports that General Mignon visited the hospital on the previous day and reported most favourably subsequently on all he had seen.

In the course of a speech made before leaving the institution he commented upon the efficiency of the hospital in every detail, and that furthermore it was another sign of the friendship between

England and France in the great work they had undertaken together in concert with the other Allies on behalf of humanity and civilisation, to find so many English volunteers ready to aid their French friends. He added that he had long cherished kind thoughts for the English and their great institutions, and when he learnt that a hospital was being sent from London to aid the French wounded, he at once requested the French Government to place it under his command in the Third Army.

The courtesy of the General was cordially acknowledged by Colonel Mayo-Robson, who writes further:—

Some of the cases are:—(1) An officer—shrapnel wound of right lung—very ill and had to be held up by an orderly all the way to the hospital; (2) compound fracture thigh, with wound of knee joint; (3) bullet wound through temples, injuring both eyes; (4) bullet through face from right temple through upper jaw and antrum; (5) shrapnel wound of skull—patient delirious and very ill; (6) bullet through shoulder and lung and smashing left scapula; (7) smashed arm from shell—requiring amputation; (8) bullet through left thigh, with great effusion of blood; (9) shrapnel wounds of face, chest, arm and thigh; (10) gunshot thigh and ankle joint; (11) bullet through jaw, tongue and right eye; besides other serious cases, many of which will require operation, but nearly all of which will, I anticipate, recover.

You can, with every confidence, tell anyone at home that a really good work is being done and work which is most thoroughly appreciated by our Allies.

One man, very badly wounded, was shedding tears, and on our asking him what was the matter, he said: 'I can't help crying in thinking of all the kind help you are giving me and my comrades.'

To-morrow an ambulance and car are going to Clermont and will bring some wounded back.

I shall soon be able to return, as the work I came out to do is practically completed, and I think Miss Eden and the Committee would feel proud of their hospital if they could see it in full work, as in a few days it will be.

Fifty more patients have since been admitted.

Colonel Mayo-Robson also reports:—

"All seemed really pleased at their visit of nearly three hours, and the General said we should have wounded right away."

"In the evening I received a note asking for the ambulances to be at the Station at 12.30 to-day and we received straight from the front 17 very severe cases. This evening the ambulances again went and brought 3 very severe cases. All the minor cases went further back, some to Paris and elsewhere."

"Our surgeons and nurses are very busy attending to their charges. The orderlies did their work very well, and the ambulances gave every satisfaction. Curiously, all the patients were delighted when they found themselves in an English hospital."

THE PRINCESS CHRISTIAN HOSPITAL TRAIN.

At Paddington Station on Monday morning last the Princess Christian Hospital Train was on view to representatives of the Press before being shipped to France. Earlier in the morning it was inspected by Princess Christian, who has raised the funds for the construction and equipment of the train, with Princess Victoria and Princess Marie Louise, Princess Henry of Battenberg, and a party of War Office officials.

The train, which has been constructed from the design of Sir John Furley and Mr. William J. Fieldhouse, by the Birmingham Railway Carriage Co., is undoubtedly the most complete and convenient which has yet been built. It is constructed to carry 400 patients, and complies with the requirements both of the British War Office and the French railway engineers. At present it consists of eight coaches, to which by request of the War Office four more, for fifty sitting up patients, are to be added when, with the two brake vans, it will be composed of fourteen vehicles, and be about 700 ft. in length. Outside it bears the symbol of the Red Cross, and on one coach it is notified that the coach is the gift of the Canadian Red Cross.

The Principal Medical Officer is Captain Heaton, R.A.M.C., and the staff will consist of four doctors, a Matron and three Sisters, and from thirty to forty orderlies. At the time of our going to press the appointment of Matron is unsettled.

The train, which has a broad central corridor running from end to end, and connecting the various departments, is really a complete hospital on wheels, which can remain stationary at any given point while operations are performed.

The first coach contains an office for the Quartermaster-Sergeant partitioned off from a ward of thirty beds. These wire-woven stretchers with a low rail keeping the mattress in position, are arranged, like the berths in a ship's cabin, in three tiers. At the side of the patient an enamel rack will take feeder and glass if desirable. When not in use these stretcher beds with their mattresses can be nested to form a comfortable couch. The fourth coach provides accommodation for twelve orderlies, and a fully equipped kitchen, in which every device has been employed to provide storage room and lighten labour. Beyond is a capacious linen store. The next coach provides sleeping accommodation for the nurses and doctors and nurses dining-rooms.

The surgery is completely equipped for its purpose. In the eighth coach, which contains beds for twelve orderlies, is also a kit store, with racks for clothes and rifles, and a small second kitchen.

The train is lighted with gas and electricity, and Glimble candle lamps have been placed in each carriage.

JOINT WAR COMMITTEE.

The following nurses have been deputed to duty in Home Hospitals:—

Blair Hospital, Bolton.—Miss B. M. Templeman.
Temporary Hospital, Exeter.—Miss A. E. Dunton.
Fairview Military Hospital, Ulverston.—Miss F. G. Ball.

Kingsclere House Hospital, Kingsclere, Newbury.—Miss T. Mabbs.

V.A.D. Hospital, Rusthall, Tunbridge Wells.—Miss A. Hoare.

Gifford House, Roehampton.—Miss Naomi Sharman.

Worfield V.A.D. Hospital, Bridgnorth, Salop.—Miss I. Taylor.

V.A.D. Hospital, Eastwood, Notts.—Mrs. Baldie.
V.A.D. Hospital, Town Hall, Torquay.—Miss E. Hay.

Haverley Abbey Military Hospital, Farnham.—Miss A. M. Leslie.

Red Cross Hospital, Hoole Bank, Chester.—Miss M. C. Parminter.

Bulstrod Park, Gerrards Cross, Bucks.—Miss M. G. Johns.

Cheneley Park, Newmarket.—Mrs. Melvern Walton.

V.A.D. Hospital, Burch Road, Rosherville, Kent.—Miss E. M. Kneebone, Miss M. Woolgar.

Woodlands Hospital, Havlebury, Worcester.—Miss J. A. Owen.

Auxiliary Hospital, Harewood House, Leeds.—Miss T. Todd.

Coldhays Red Cross Hospital, East Liss, Hants.—Miss K. H. Macqueen.

V.A.D. Hospital, Abbotswood, Stow-on-Wold.—Miss E. Thompson.

Broadwater Hospital, Ipswich.—Miss J. Peyton.

V.A.D. Hospital, Town Hall, Torquay.—Miss M. Marston.

Roseneath Hospital, Winchmore Hill, N.—Mrs. Allchin.

Yarrow Hospital, Broadstairs.—Miss C. M. Gordon.

WAR NURSES' RELIEF FUND.

The War Nurses' Relief Fund now amounts to more than £6,000; this includes donations of £100 each from Their Majesties the King and Queen.

Permission has now been given for this Fund to be known as the Queen Alexandra Relief Fund for War Nurses.

In our view the help necessary should be administered through the Joint War Committee, which employs the nurses, and is responsible for their health. If such a fund is necessary it should be administered by the society which employs them, and not through the officials of an Insurance Society. We deeply regret that owing to the scanty pay they receive for their invaluable services to the sick and wounded members of the nursing profession should be placed in such an invidious position.

PRACTICAL POINTS.

APPOINTMENTS.

A Comfortable Bed Jacket.

There is no more comfortable garment for patients in bed than the knitted sports coat. For sick children the white woollen coats discarded by their elders as shrunken to a useless size prove most acceptable bed jackets.

Covers for Hot Water Bottles.

Satisfactory covers for hot-water bottles, now in demand in the hospitals for soldiers, may be made from worn under-blankets torn up. For unconscious cases it is a good plan to use the blanketing double as this makes burns impossible. The best pattern is an oblong bag, large enough to fit loosely, and about four inches longer than the bottle. A half-yard length of tape should be sewn to the seam 3 inches from the top so that the opening may be firmly tied up.

To Rest the Feet.

At a time when excessive demands are made on the feet of nurses the very best way of resting them should be more widely known. This is to elevate them above the level of the head when in bed, and for 10 minutes at a time as often as possible during the day. A simple method of doing this is to invert a cane chair half-way down the bed, placing a pillow upright against the back. An adjustable drawing-board may be used in the same way, or a pair of wire-covered hinged frames, made adjustable to any angle, may be used. Half an hour spent in such a position rests the feet more effectually than hours of the horizontal position, the reason being that the elevation of the feet assists the return of the venous blood, increasing the circulation, and recuperation of tired feet after long-continued standing is proportionately rapid.

Diet Point.

In villages there is often difficulty in obtaining a satisfactory wheatmeal loaf, and many cottages do not contain an oven suitable for bread-baking. In such a case flat loaves or scones may easily be made as follows:—To every half-pound of wheatmeal in a large basin add as much cream of tartar as will lie on a threepenny bit, and the same quantity of bicarbonate of soda (bought by the pound at 1½d.), and half a teaspoonful of salt. Mix these well, then stir in a gill and a half of cold water. Roll out on a paste-board quickly and bake in the oven. If two tablespoonfuls of dried milk are added or milk is used instead of water, and a square inch of butter is rubbed in, a delicious scone is the result. If the dough is cut up into small pieces before baking, these, when split, form an excellent meal for school children when dripping, bacon, jam or syrup is inserted. The same dough may be used as a piecrust or as dumplings.

MATRON.

The Hospital, Tewkesbury.—Miss L. Bolton has been appointed Matron. She was trained at University College Hospital, and at the New Hospital for Women; and has held the position of Ward Sister and Night Sister at the Samaritan Free Hospital, London.

SISTER.

West Herts Hospital, Hemel Hempstead.—Miss Florence Macfarlane has been appointed Sister. She was trained at the Western Infirmary, Glasgow.

ASSISTANT MATRON.

Glasgow Royal Asylum, Gartnavel.—Miss Pearl B. Black has been appointed Assistant Matron. She was trained at the Battersea General Hospital, London, where she has held the position of Sister. She has also been temporary Staff Nurse at the London Fever Hospital, Liverpool Road, N.; and is at present Ward Sister at Longmore Hospital, Edinburgh.

Miss Christian Nill has also been appointed Assistant Matron in the same institution. She was trained at the Edinburgh District Asylum, Bangour; and at the Aberdeen Poor House Hospital.

HEAD NURSE.

Lichfield Union.—Miss Emily Howard has been appointed Head Nurse. She was trained at Prescott Union Infirmary, and has been Night Superintendent at the West Hartlepool Union Infirmary.

LONDON COUNTY COUNCIL.

Subject to the passing of the usual conditions, the Public Health Department has recommended to the London County Council that Miss Alice Maude Mary Hadfield be appointed as school nurse in the Department in succession to Miss B. E. Gullis resigned.

THE ORDER OF LEOPOLD.

The King of the Belgians has conferred the Order of Leopold II upon Miss Muriel Thompson, Sister Mary White and Miss Margaret Waite, of the First Aid Nursing Yeomanry Corps, for bravery under shell fire, in rescuing some wounded men from the trenches.

THE PASSING BELL.

Miss Burnham, the late Matron of the Red Cross Hospital, Christchurch, Hants, where she contracted from a patient, whom she had been nursing, the illness which caused her death, was accorded a military funeral; the coffin was carried to the cemetery on the gun carriage of the R.F.A., and covered with a Union Jack. A bearer party of troops walked on either side of the coffin carrying wreaths, and the firing party, which marched with reversed arms to the cemetery, sounded the last post over her grave.

NURSING ECHOES.

The maintenance of a high standard of nursing ethics is one of supreme importance for the honour of the profession, every member

to consider the rules observed by the closely allied profession of medicine.

Dr. T. Percy C. Kirkpatrick, Fellow and Registrar of the Royal College of Physicians of Ireland, recently delivered a lecture on this subject, which has been published by Messrs. Ponsonby & Gibbs, Dublin, in which he states that "one not infrequently hears the terms 'medical ethics' and 'nursing ethics' used without any very clear idea of what these terms mean, though in such matters clear thinking, in that it is conducive to good conduct, is of great importance. . . . the word is now used to describe the study that is concerned with the principles of human conduct in regard to duty, or those rules of conduct that are recognized as binding in certain relationships of life. In old-established associations or professions, such as that of medicine, these rules of conduct are fairly clearly defined and recognized by ancient custom. In other younger professions the rules are less clearly defined; but such rules as are recognized are based on well established and sure foundations. We may then define 'Nursing Ethics' as the rules governing the duties of nurses to the public, to each other, and to themselves, in regard to their the exercise of their



STATUE OF SISTER DORA AT WALSALL.

of which is bound to do her utmost to maintain a high level. While every profession must define its own code, it can learn much from others, and nurses especially are well advised

profession." The booklet costs one shilling.

In the early 'eighties the name of Sister Dora (Dorothy Pattison) was a name to conjure with,

and the story of her life, especially of her hospital work at Walsall, written by her friend, Miss Margaret Lonsdale, was a determining influence in directing the thoughts of many earnest women to hospital nursing as a life's work. Although the attractiveness of her personality, and her heroic work, are less well known to the present generation of nurses, her memory is still loved and cherished, more especially in Walsall, where, by the earnest desire of the working-class members of the population, a statue was raised in her honour. By the kindness of the editor of the *Gentlewoman* we are able to publish the accompanying illustration, in which the dignity and grace of the subject, faithfully represented by the artist, is shown.

It is touching to note the reason for which those amongst whom her life was spent were so keenly desirous that the memorial to her should take the form of a statue. Her biographer writes, "They wish her to live not only in their hearts, where no memorial of her indeed is needed, but in the minds and before the eyes of their children and children's children. In the recollection of her life among them they feel a pride, which makes them all ready to echo the words of one of the railway servants, when he was asked why he thought her monument ought to be a statue, 'Why, nobody knows better than I do that we shan't forget her—no danger of that; but I want her to be there, so that when strangers come to the place and see her standing up, they shall ask us, 'Who's that?' and then we shall say, 'Who's that?' Why, that's our Sister Dora.'"

The Chapter Clerk of St. Katherine's Hospital, has informed the Stepney Borough Council, by command of Queen Alexandra, that when the time comes for permanent buildings to be erected, suggestions from the borough of Stepney shall have a careful hearing.

Before Miss D. Hutchinson, Lady Superintendent of the Drumcondra Hospital, Dublin, left the institution to take up the position of Matron of Portobello House, she was presented by Dr. MacDowel Cosgrave, President of the Royal College of Physicians, on behalf of the subscribers, with an illuminated address and a fine Chesterfield couch, and the many kind things said in appreciation of her work must have been very gratifying to Miss Hutchinson, who in returning thanks for both speeches and gifts, referred with gratitude to the great kindness she had always received from the committee and staff of the Drumcondra Hospital.

QUEEN ALEXANDRA'S HOSPITAL FOR OFFICERS, HIGHGATE, N.

Queen Alexandra's Hospital for Officers at Highgate is formed of a large private residence, standing in charming grounds, and a T-shaped wooden annex. With the exception of the patients' dayroom, the original house is given up to administration, and quarters for the staff, which consists of the Matron, one Sister, and ten nurses, who are all certificated and experienced. I was pleased to learn that the salaries of the nursing staff equal those which they would receive in private work. The Matron, Miss Sinziminex, was trained at the London Temperance Hospital, where she subsequently held the post of Sister. For the past three years she has assisted Mr. Herbert J. Paterson, the Honorary Surgeon in Charge, in his private operations, so that the harmonious working of the new hospital should be assured.

In conjunction with the architect, Mr. Claude Ferrier (son of Sir David Ferrier), Mr. Paterson has designed a very complete and charming little hospital. Experience, ingenuity, and consideration have been brought to bear upon it to the smallest detail. I was fortunate enough to have the benefit of Mr. Paterson's personal escort, and owing to his courtesy was enabled to examine the many clever contrivances for the comfort of the patients, the saving of needless labour for the staff, and last but not least in the interests of economy.

The annex is built so that the maximum amount of eight hours' possible sunshine is secured for the sick rooms. No room contains more than one bed, which is the greatest of all privileges for sensitive patients. Each room opens by a French window on to the terrace so that the beds can easily be wheeled out into the air and sunshine. The little wards are charmingly furnished, dainty toilet sets and pretty down quilts giving them a most cheerful touch. Electric lights and bells are placed in the position most easily reached by the patient; the latter ring into the corridor, and the indicator, a small red flag, is immediately outside the patient's room.

It may be explained here that the wards are divided into blocks of four with a nurse responsible for each. The ward doors are cleverly and economically contrived. By being covered with cheap plain brown linoleum fastened with brass nails, they have no cracks or ledges, and are easily washed down; their appearance is very satisfactory. On either side of the door about midway up is attached a large brass hook, by which simple contrivance the nurse can easily shut it, when her hands are full, by inserting the crook of her arm in it. To ensure privacy for the patient, when he is dressing, or for other reasons, a red ticket is hung outside the door; the reverse side, which is blue, indicates that he is sleeping. The corridors are covered with green linoleum, rendered

noiseless by being thickly padded underneath by dried grass. In the pantry the most dainty tea-trays were being prepared. Pretty china, delicately cut bread and butter, and little cakes, looked altogether most tempting. Each tray, as it comes back from the patient's room, is cleared and set ready for the next meal, and placed in its own rack. In this department was an ingenious washing-up machine and rinsers. I was informed that dust was unknown in the vicinity of the hospital. A sterilising room, that seemed out of proportion to a small hospital, was explained to be an economiser of time, as the whole of the sterilising for the day can be done in an hour. In the theatre, which is simply fitted up, the thing which called for notice was the contrivance for turning on the taps without contaminating the hands—the long, straight handles, which only cost 2s., are covered with sterilised rubber tubing kept in bowls, which slip easily on when required and are returned back into the antiseptic solution. Mr. Paterson pointed out the great saving of expense by this simple contrivance, which is as effective as an elaborate and expensive mechanism. The Silent Electrical Clock Company have lent clocks throughout the building, which keep exactly the same time, so that there is no excuse for unpunctuality in the staff.

Messrs. Pryor & Part, of Sloane Street, have lent the delightfully restful furniture, soft green in tone throughout, for the officers' rest room. The

patients' privacy is strictly observed, so that one only caught a glimpse here and there of our heroes. There is nothing of a military character in the nurses' uniform, which is of a particularly attractive shade of mauve.

The comfort of the nursing staff is zealously watched by the Matron, to whom they owe their delightful separate bedrooms. As there is accommodation for only twenty patients, it will be observed that the hospital is very adequately staffed, but owing to the expected serious nature of the cases the nurses will have their hands full, and from what I saw and heard the patients will have all that skill and kindness can devise. There is no resident medical officer.

The Chairman of the Committee is Sir Alfred Mond, and it includes four Members of Parliament, Dr. Addison being one of them, and other well-known ladies and gentlemen. Her Majesty Queen Alexandra is Patron. H. H.



MISS SINZINEV, MATRON.



THE TERRACE, QUEEN ALEXANDRA'S HOSPITAL FOR OFFICERS.

LYCRYL.

An Antiseptic and Disinfectant fluid which is finding much favour is Lycryl. owned and manufactured by Eucryl, Ltd., 61-63, Lant Street, Southwark, S.E. An advantage of Lycryl is that it does not, like so many disinfectants, either stain the skin or corrode instruments, and used according to directions given for disinfecting the skin it has no irritant action. It is nevertheless

a strong bactericide, it is soluble in water, and in solution it has a special solvent action on grease and mucus.

REVIEW.

THE WAY OF THE RED CROSS.*

"The Way of the Red Cross," by Mr. E. Charles Vivien, and Mr. J. E. Hodder Williams may be regarded as an official exposition of the aims and work of the British Red Cross Society, since it has a Foreword by Queen Alexandra, President of the Society, and all profits are to be given to *The Times* Fund for the Sick and Wounded.

QUEEN ALEXANDRA'S MESSAGE TO NURSES.

The inspiring message sent by Queen Alexandra to nurses is:—"It gives me the greatest pleasure to take this opportunity to thank every individual nurse, one and all, who is nursing our brave wounded soldiers and sailors—for their splendid and unequalled devotion and gallantry on their behalf—for which I and the whole nation owe them our undying and unflinching debt of gratitude."

The book is a collection of quite slight studies, eminently readable, giving a general survey of the work and "typical instances of how this organization of pity and healing is served in individual cases, things seen and heard during the last few weeks, while the writers were allowed to join the ranks of that noble army of men and women who follow the Way of the Red Cross."

We note that the writers acknowledge help and information given to them by many earnest Red Cross workers, but there is not included the name of one trained nurse, yet, as regards personnel, nurses are the very back-bone of Red Cross organization.

ABROAD.

The first chapter, under the heading, "Aladdin's Lamp," deals with the organization, administration, and equipment of the Medical Service of the Army concerning which we read:—

"In connection with these it must be understood that although the nation had made provision in a medical sense against any emergency that could be foreseen, the colossal and utterly unforeseen task involved by the present war rendered the medical staff inadequate, so far as official preparations are concerned. . . . If the official medical and nursing staffs of the Army had alone been available for the care of the sick and wounded from the firing line, then the British Army would have been in sorry case, for the emergency was too great. Against all reasonable emergencies provision was made, but a situation such as this demands, not an official effort, but the energy of the whole nation."

Unquestionably the British Red Cross Society and the Order of St. John of Jerusalem have done excellent work in providing stores, equipment, hospital comforts most generously, so that a Nursing Sister at a base hospital remarked that they had come to regard the Red Cross Society as a sort of "Aladdin's Lamp," saying, "we have only to ask for a thing and we get it."

"She pointed with pride to a number of feather

pillows which she was fitting into their cases, 'This is the very last thing we asked for,' she said, 'for we had to think of necessities first.' But you know what a hard unsympathetic thing the regulation bolster is, and you can guess how much we wanted something of this sort, especially in cases of wounds in the head and back. Now we have them, thanks to the Red Cross Society." But why should the regulation bolster provided by the War Office for base hospitals be "hard and unsympathetic?"

Of the busy fleet of motor ambulances two out of every three seen by the writers seemed to have "British Red Cross Society" marked on their varied bonnets, or on their uniform grey curtains, and in every department it was the same, the Red Cross Society had done something, provided something, or arranged something always on the most liberal and comprehensive scale. The voicing of a need, apparently, is equivalent to the provision to meet the need, and "Aladdin's Lamp" is an apt descriptive phrase for this truly great organization that has sprung into activity to supplement official channels of supply."

The story of the Guardsman in the Kursaal hospital at Boulogne, gives an interesting insight into the enemy's methods of treating the wounded. Incidentally a little touch is worth recording: "That man over there—he was hit just under the belt, and he'll never see England again. They've put him on one of the Red Cross air beds, and that's about the last."

The point of view of the doctor, whose impressions are recorded in the next chapter, is not just the same. "We have to thank the Red Cross people for things like that—air-beds and pillows, and all the little luxuries that we want for the bad cases. It has made a wonderful difference, being able to get things."

This doctor told of the neurasthenic cases. "There's one sitting over by the door there. The constant shell fire on them in the trenches does it, and they come in partially deaf, absolutely apathetic and depressed—pitiable cases. They get right in time, of course, but they all need absolute quiet and careful treatment in convalescent homes, if ever they are to be pulled back to normal health again. And here and there a case of insanity—they go through awful experience before they come in here, and it's too much for the nerves with some men. The insanity cases recover, as a rule; it's the neurasthenic cases that are the trouble—one can't rouse them."

One thing which should be noted is the need of the hospital patients for fruit. Thirst is always attended by loss of blood, and the men would lay down pipe or cigarette for an orange, apple, or bunch of grapes. It seems the need cannot be satisfied, for fruit must be bought on the spot, and of this particular hospital the writer states, "had I taken a cab-load every day it would not have been enough."

Just one quotation from the Sergeant's story:—"He was a good man, that doctor of ours, and a brave man, too, for he went around those trenches

* Published for the *Times* by Messrs. Hodder & Stoughton. Price 2s. 6d.

looking for wounded as if there wasn't such a thing as a German shell in the world."

The sergeant added: "I've got my bit of shrapnel packed away—the one that knocked me out—and I'm taking it home with me for my wife to keep." Note that, souvenir hunters.

A comment of the writer is that, "though the work is on so large a scale, it is free from the mistakes and muddling that characterised the South African war."

One chapter is devoted to "Nurse," and we read that the staff of trained nurses has been practically sufficient for the hospitals in France. "But these base hospitals, retaining only the worst cases—and these only as long as they must, for the sake of others following on from the firing line—need the very best of surgical and medical aid, and the most highly trained nursing service that can be obtained. . . . The majority of the Voluntary Aid women workers are retained in England. . . . the nurses in the base hospitals know their work, and would have little patience with those who do not. . . . Every case is a very serious one. . . . In matters where a slip would mean death there is no room for the beginner."

AT HOME.

In Part II, arranged under the heading "At Home," the story of the foundation of the Red Cross Society is told. The work of the Society is intended to be supplementary to that furnished by the medical departments of the Navy and Army, and it is the official channel through which voluntary offers of assistance are made. "It is part of the work of the Red Cross Society in time of peace to ascertain and tabulate the extent and nature of the voluntary aid which can be depended on, or expected." Unfortunately, in regard to trained nurses this rule was not observed. There was no Roll of Nurses ready to be called up when war broke out, with the result that the headquarters at Devonshire House were bombarded by nurses of all kinds and conditions when war broke out concerning whom information should have been ascertained and tabulated in time of peace by the Executive Committee "consisting mainly of eminent surgeons and business men." Had the Committee included some experienced trained nurses they would have realized the necessity of such organization.

The excellent work done in putting anxious relatives in touch with missing soldiers, and in arranging for others to visit those lying wounded in the hospitals in France is well described.

The chapters on the Voluntary Aid Detachments and their mobilization prove that the contention that the class of cases which they have been called upon to care for is limited to convalescent cases is not correct.

We read that the Voluntary Aid Service was organised so as to deal "not only with the influx of Belgian refugees, but with the thousands of British troops who came wounded from the French battlefields," and concerning the mobilization of the V.A.D., that "In the late hours of

Tuesday, October 13th, a telegram was despatched from headquarters: 'Mobilize all your hospitals at once. Notify names of places, stations and numbers of beds available at each to Transport Officer, Folkestone Harbour. Large number of wounded arrive to-night.' By midday of the next day three thousand wounded Belgians were in bed in the hospitals mobilized and prepared by the Voluntary Aid Detachments."

Of the zeal of the members for patients there can be no question. In one village in the early days of the war it is reported that the "competition for patients was so great that civilians went about in fear lest they should be attacked by dizziness in the streets and torn to pieces by rival detachments fighting for their care!"

The work done by the Red Cross Society in many directions is of the greatest possible value, and when the nursing profession is given full responsibility for organizing its nursing section, that branch will equal, if it does not excel other departments in efficiency.

Messrs. G. P. Putnam's Sons, 24, Bedford Street, Strand, W.C., have just published, as a very attractive booklet, price 1s., the Story of a Red Cross Flag, "In Hoc Vince," originally contributed by Mrs. Florence L. Barclay, to "King Albert's Book," including the final sentences on the symbolism of the story omitted when first published. The dedication is to His Majesty the King of the Belgians.

INTERNATIONAL WOMEN'S CONGRESS.

An International Congress of Women has been arranged to take place at The Hague on April 28th, 29th and 30th. The appeal has come from the women of the Netherlands, who have called together the women of all other nations so that they may have the opportunity of making "some constructive contribution towards the solution of problems arising out of the present War and the peace settlement which is to follow." The President of the Dutch Executive Committee is Dr. Aletta Jacobs, the first woman doctor in Holland. In answer to the appeal a meeting was called in London, and so great was the sympathy expressed that a British Committee was immediately formed. This Committee has its headquarters at Queen Anne's Chambers, Broadway, Westminster, S.W., Miss Chrystal Macmillan is acting as Hon. Secretary. Among the many sympathisers and donors in this country may be noted Lady Courtney, Lady Henry Somerset, Lady Ottoline Morrell, Lady Barclay, Lady Horsley, Miss Susan Lawrence, L.C.C., Olive Schreiner, Councillor Margaret Aslton, Miss Mary Macarthur. The preliminary programme of the Congress is now issued, and therein resolutions are incorporated emphasising women's responsibility for the prevention of war and the necessity for women's co-operation in political issues.

BOOK OF THE WEEK.

"AN ENGLISHWOMAN IN A TURKISH HAREM." *

Published at the psychological moment, when Europe, indeed the whole civilised world, is awaiting with breathless interest the result of the Allied fleets' progress up the Dardanelles, this absorbing diary of Miss Grace Ellison's experience of the Turkish nation, and more especially of its women, should be deeply and intelligently appreciated by all who have the opportunity and the privilege of reading it. An added interest is that its gifted authoress, in her "After Words," at the conclusion of the volume, tells us that she is at this moment in a French hospital, with English nurses, helping to repair the ills that Christian nations have done to each other."

Miss Ellison is a passionate lover of the race which is the subject of her book. She is at pains to disabuse the Western mind of its conception of harem life. We are assured by her that polygamy is of rare occurrence, and that it cost a great deal of trouble to discover a man who had even two wives. She says:—

"To the Western ear, to be staying in a Turkish harem sounds alarming and not a little—yes, let us confess it—improper." In the Imperial harem, "Fatima" (the friend with whom she is staying) "explains to me that the women are solemnly asked four times a year whether they would like to marry and leave the harem. . . . Their existence, however, seems a heart-rending waste of human life; and as I sat watching them loitering along the exquisitely carpeted corridors, gossiping, smoking, alternately carrying coffee and water to the guests, I longed to break down the lattice which there is always between them and the sun . . . and open the doors, that they, too, might go out. And yet not one of the women seemed in the least to feel her slavery." The harem, then, we understand, is simply that portion of the house which is reserved for its women, slaves or otherwise. Even members of the Imperial family content themselves with one wife. Said a witty Pasha: "When four wives meant to their possessors four tillers of land there was some sense

in polygamy, but not when they buy their dresses at Paquin's." A story is told of a pious Moslem, always first in the mosque. "How is it you are always so early?" asked his friend. "I have two wives," answered the pious friend, "and get away as soon as I can." These stories help to convince us of the inconvenience of plurality of wives. The indolent life of the Turkish woman has its compensations, apparently, in the absence of anything like nerves, or fussy anxiety in the household. "How long was I expected to stay?" The surprised answer was, "As long as ever you



MISS GRACE ELLISON AND MISS "CHOCOLATE."

like; you need never go away." There are guests here who came as I did for a few days, and have never gone away at all.

In a Turkish country house on the shores of the Upper Bosphorus, where Miss Ellison stays, this *dolce far niente* seems accentuated, and the lassitude and repose seem almost to convey themselves to us as we read, and soothe our tired nerves, and make us long to escape, as do these Turkish ladies, from "the lot of fine tears and good worry that is wasted in the West. Our beds do get rolled up and put away before it is time to take them

* By Grace Ellison. London: Methuen & Co.

out again. If there is a slight error of an hour on the wrong side of meal-times, we do get them. Should our rooms not be dusted daily, a friendly wind from the Bosphorus blows through and shifts the accumulation from place to place." What peace! The host pays all the bills of his guests, and stamps their letters; he would be offended otherwise.

Miss Ellison has a far deeper purpose in writing this volume than a mere chronicle of her delightful

are imploring them to leave no stone unturned to hasten their enfranchisement."

But at least Turkish women have a very important means of accomplishing this end in "Kadinlar-Dunyassi" (The Feminine World) and our portrait of one of the contributors will show that the "new woman" in Turkey is a very charming one.

The limited space at our disposal forbids us to do more than touch lightly on a very few

aspects of the book. We must, however, not omit to mention the charming illustrations. Miss Ellison herself is the subject of the frontispiece, which bears out her statement that "she is no more ugly than the majority of her sex." The portrait of her with "Miss Chocolate" is wholly charming. Altogether a most fascinating book.

We are indebted to Messrs. Methuen & Co. for our illustrations of this review.

H. H.

DINNA FRET.

Is the road very dreary?

Patience yet!

Rest will be sweeter if thou art
a-weary.

And after night cometh the
morning cheery—

Just bide a wee and dinna
fret.

The clouds have silver linings,
Don't forget!

And though he's hidden still the
sun is shining.

Courage instead of tears and
vain repining—

Just bide a wee, and dinna
fret!

COMING EVENTS.

April 12th.—Opening of Sale of Gifts in aid of the British Red Cross Society and the Order of St. John of Jerusalem, Christie's Galleries.

April 13th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Lecture on "Burns and Frost-bite." Dr. Mabel Crawford. 7.30 p.m.

April 15th.—Monthly Meeting of Central Midwives' Board, Caxton House, Tothill Street, Westminster, S.W. 3.30 p.m.

WORD FOR THE WEEK.

"Man is not the creature of circumstances, circumstances are the creatures of men. We are free agents and man is more powerful than matter."—*Disraeli*.



A CONTRIBUTOR TO THE NEW TURKISH WOMAN'S PAPER,
"KADINLAR-DUNYASSI" (THE FEMININE WORLD).

visit. She goes to the bed-rock of the difficulties in Turkey, and longs passionately for the emancipation and enlightenment of its women.

Curiously, as she points out, it is not the women themselves whose aim is to cast aside the veil and all it stands for. "It is the men who are trying to give them courage; they, who are urging the women to be a little bolder in their tactics; and who, in their writings and speeches,

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

NURSES NEEDED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I shall be so much obliged if you will insert this letter in THE BRITISH JOURNAL OF NURSING. In Manchester, up to the present, we have 843 beds in our Territorial Force Hospitals, with 151 trained nurses; we are now taking over schools in Manchester, Salford and Stockport, with an additional 2,800 beds; and we want nurses.

I shall be so very grateful to any nurse who will come forward to help. The members of the T.F.N.S. must be three years' certificated nurses of general hospitals, and the salary is £40 with board, lodging and washing, and £8 for uniform; in this emergency we are allowed to use nurses who have not had a three years' certificate, as senior probationers, at a salary of £20 with board, lodging and washing, and £4 towards uniform. Anyone willing to offer her services should apply to me, stating her qualification, age, and giving the name of a matron for reference.

Thanking you for giving publicity to this letter,
I remain,

Yours faithfully,
M. E. SPARSHOTT,
Principal Matron.

Territorial Force Nursing Service,
Second Western General Hospital.
Royal Infirmary, Manchester.

THE LESSER OF TWO EVILS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The following "par" is significant, cut from a daily paper:—

Society women in London are sending their children's nurses out in neat coats and skirts and bonnets. The hospital uniform for Mary Ann and Louisa Jane is a thing of the past, and we have the war to thank for the passing of it. In these days of Red Cross activity and military nursing, it is inappropriate for a children's nurse to adopt the uniform of the women who are nursing heroes back to life. Society women, so many of whom are serving near the front, have acquired too much respect for the nurses' uniform to let their maids wear it. The modern children's nurse, to be strictly in fashion, must wear nothing approaching uniform. Mrs. Winston Churchill, it may be noted, was among the first to adopt the new standard of respect for the nurses' cloak.

Personally, and speaking in the name of other trained nurses, I feel our "cloth" is safer with "Mary Ann and Louisa Jane"—who, after all, are caring tenderly for little children—than when worn by untrained Society women posing as trained nurses and "serving near the front," and who, instead of "nursing heroes back to life," are by their ignorance and self-sufficiency causing

much discomfort to suffering soldiers, by professing a knowledge they do not possess.

Yours truly,

JANE C. WATSON.

THE TRAINING OF MIDWIVES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am very glad to learn from your valuable paper that the Central Midwives Board are in favour of lengthening the term of training required of pupil-midwives from three to six months. The former period is hopelessly inadequate, and only results in cramming pupils with information of which the greater portion is forgotten by the majority as soon as the examination is over. This result is very undesirable, as it is certainly not the intention of the Board that midwives shall regard the examination as something which must be got through to pacify the idiosyncrasies of examiners but which has no important relation to their subsequent work; for every item of knowledge required to be taught under the syllabus of the Board has a practical bearing on the everyday work of the midwife. I hope that for the present, at any rate, the syllabus will not be altered, so that more time may be given for pupils to absorb the teaching given in regard to it.

I hope, too, that if the six months' term is adopted it will be regarded as a step in the right direction rather than as final, for most teachers of midwives are agreed that in the case of those who are not already trained nurses, one year is the least period which it is desirable to enforce.

Yours faithfully,

CERTIFIED MIDWIFE.

NOTICE.

We have received a letter signed "The Nursing Staff," purporting to come from the staff of the Millicent Sutherland Ambulance, Dunkirk. As we do not publish anonymous communications, unless accompanied by the name or names of the senders, we shall be obliged if the writers of this letter will either sign it or send their names as a guarantee of good faith.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

OUR PRIZE COMPETITIONS.

April 17th.—Describe the condition of urine in Cystitis, Bright's Disease, Hydro-nephrosis, Rheumatism, and Diabetes.

April 24th.—Describe the various kinds of fractures, and their complications.

The Midwife.

PAINLESS PARTURITION.

For the last twelve months there has been administered to the maternity cases at the Hospital Beaujon, Paris, under the Direction of Professor Ribémont Dessaigne, Chief of the Maternity Section, a preparation of morphine which produces complete analgesia, and renders childbirth a practically painless procedure while having no effect upon the rhythmic contractions of the uterus. The drug acts upon the nervous centres and the sympathetic nerve, and while affording a blessed relief from pain has apparently no prejudicial effect on mother or infant.

The drug, which was first discovered by M. Georges Paulin, has now been tested by Dr. Ribémont Dessaigne in 420 accouchments.

Reporting upon its effects to the French Academy of Medicine, the Professor claimed that with its aid—

1. It is possible to-day, without causing the slightest danger to the mother, to produce an analgesia sufficient to ensure an entirely painless childbirth.

2. This treatment causes neither check nor delay; indeed, it seems rather, in the great number of cases, to accelerate the process of childbirth.

3. The infants born are, in the proportion of one in three, voiceless—a condition which it is perfectly easy to put an end to, and which is, in fact, often advantageous.

4. The after effects are favourably influenced.

5. It is a scientific certitude that hereafter women may bear children without pain.

In no case were there any bad after-effects. The orderly process of birth was not modified. There was no sign of over-exertion; there was no reaction; there was no fatigue even; there was none of that moral anguish—that moral breakdown which so often follows childbirth. The mother had suffered no physical torture. Not in one of them was depression or nervous excitement discerned. Those who bore children in the evening fell quietly asleep and slept until day—instead of passing the usual night of insomnia.

Midwives who are the unwilling witnesses of so much anguish which they can, it is true, relieve, but which they cannot prevent, will learn with deep thankfulness of the possibilities opened to the patient and long suffering mothers of the human race, and will hope to see the new treatment tried in this country.

The effect of the drug upon the unborn child is of course an important consideration, and a contemporary gives the following report upon 115 cases.

At birth seventy-seven cried lustily. Of the others twenty-eight came silent into the world;

but the regularity of their heartbeats, the rosy tint, tonicity of their muscles were ample evidence of sound health. In a little while some of them piped up shrilly and then slept.

Others took an immediate nap—naps not of long duration, a few seconds, two or three minutes at most—and then howled manfully.

There were ten others. These ten preserved a stolid and disquieting silence. So the professor held them up by the heels. Nine of them broke into yells of indignation.

But one of them—the stolidest of the hundred and fifteen—looked at the world upside down and made no outcry. Then the omniscient doctor turned the sleepy little head up and blew into the gaping mouth—once, twice, thrice. A satisfying howl answered this last indignity!

WHEY AND MEAT-JUICE FOR INFANTS.

Mr. J. Sadler Curgenvin, M.R.C.S., in "The Child's Diet," published by Mr. H. K. Lewis, 190, Gower Street, W.C., gives some useful information as to the use of whey and meat-juice.

"When a child being fed upon a milk food becomes upset, vomiting, and suffering from diarrhoea, it is often necessary to stop all milk in its diet. One of the following foods may then be found useful for a time, to be used only until the acute symptoms have subsided, to get the child, as it were, over the stile:

- " 1. Bread-jelly.

- " 2. Albumen-water, made with white of egg.

- " 3. Whey and meat-juice.

"The third food, whey and meat-juice, is perhaps the most useful of the three, and if cream and a little sugar-of-milk are added to it, it forms a complete food, and can be given to a child for almost an indefinite time without harm. The whey contains the salts and carbohydrates of the milk, together with the soluble albumens and some of the fat; the meat-juice replaces the casein of the milk, and the proportion of fat can be made up by the addition of cream. However, in cases of illness when digestion and assimilation are defective, the food for a time must be weak, so that only a small quantity of meat-juice should be added, and perhaps no, or very little, cream.

"During illness in an infant from two to three months old, it will be found that from 10 to 15 drops of meat-juice to a 2-ounce bottle of whey will be as much as can be digested; but this must be increased gradually until the child is taking about 2 ounces of the meat-juice in the twenty-four hours, provided it is taking no milk, and cream to the extent of a good teaspoonful in each bottle must be added."

MOTHERS AND THE WAR.

Just now we are filled with admiration of the heroes at the front, and no admiration can be too great for them. But what of the mothers who bore them, whose harder part it is to stay at home. They too are presenting an undaunted front.

Preaching at Hull on Good Friday the Archbishop of York said that among the women of the country we saw the flame of sacrifice burning with a brightness that moved our hearts. A friend of his said, "I would not detract from the splendour of my husband's offering by one word of regret. I have lost both my glorious boys, but if I had ten to follow them I would bid them go."

It is dauntless women such as this one who bear heroic sons.

"GRANNY."

A poor decrepit old woman known as "Granny" appeared at Westminster last Saturday, summoned by the L.C.C. under the Midwives Act of 1902.

Mr. J. H. Panlyn, for the L.C.C., said defendant was seventy-seven, and as the Court could see, from her unclean appearance and physical incapacity, she was not a desirable midwife. She lived in one room under very insanitary conditions. There was a certain amount of sympathy felt for the old woman, who in her way was a character in Westminster, and known for many years among the poorer classes. All that was asked was a prohibition of her further engagements.

Evidence was given that "Granny" was paid a fee of 3s. in the absence of a doctor. "And she was very good to me," said one young soldier's wife.

"You understand—you are not to go to any more of these cases?" said the Magistrate, Mr. Horace Smith.

"Never no more, your Worship," said the old woman. "It's fifty year or more now since I was first wanted, but I'll never do it again. I didn't know it was wrong. They came for me yesterday and I would not go."

She was bound over for twelve months.

"If I live so long, your Worship," she remarked.

THE MOTHERS' PENSION BILL.

There is, says a contemporary, a good prospect of the Mothers' Pension Bill becoming law in the State of New York. The proposal is to give £3 per month to each woman who has a child under fifteen years of age. If there be more than one child below that age an additional allowance of £1 a month for each child is made, to end, however, whenever such child reaches the age of fifteen years. Other States which have a similar law have found it more economical than the Poor Law system, and the children, by living at home, do not acquire what Americans call the "institutional taint," by which they mean a deadening of the social and family instincts, which is usually apparent in children trained in the State orphanages.

THE FOOD OF MATERNITY PATIENTS.

Miss Lulu Graves, Dietitian at the Lakeside Hospital, Cleveland, Ohio, writing in *The Modern Hospital* on the dieting of surgical and maternity patients, and referring to the question of "special orders" for patients, which, she says, indicates another need—co-operation between the physician and the dietitian, states:—

"At Lakeside we have reduced the special orders to a minimum in the private and semi-private wards by putting out a menu which gives a rather wide variety of food. For instance, for breakfast there is a choice of fruits, two cooked and two 'prepared' cereals, bacon and eggs, toast, rolls, and at all meals any of the common beverages may be chosen. We vary the menu as much as possible so that there shall be no monotony in the diet. If the patient still desires something which requires extra preparation there is an extra charge for it. It is not often that a patient cannot select enough from this menu to give him a satisfactory meal, even though there are some things being served which he does not care for.

"The number of servings required in each ward is reported to the dietitian, and she posts it upon a bulletin board in the kitchen so that the cooks know just how much is to be prepared. This type of menu makes a little more work for the dietitian and the kitchen force, but not a great deal more than would be necessary in the preparation of many special orders; and it has the advantage of giving every patient the same privilege; while by the other method the number of 'extras' a patient gets depends about as much upon the kind of a nurse he has as it does upon his actual requirement.

"As a rule, maternity patients have very good appetites and with them, too, there is sometimes a tendency to overeat. This desire for large servings, or frequent serving, has been explained occasionally by saying that they must eat a great deal because they are eating for two people—though just how or why this is the case I have never been able to learn.

"There has been a theory in the past that a mother should not eat acid foods or foods with a strong flavour during the early period of the child's nursing; it has been very satisfactorily proved, however, that the child is not affected by the diet of the mother so long as she confines herself to the things which for her are easily digested; and there need be no change in her method of eating provided her powers of assimilation are the same."

Increased financial support is needed by most of the Maternity Hospitals just now. Mr. Herbert Ewart, chairman at the annual meeting of the Belfast Maternity Hospital, said that no one would be surprised to learn that the expenditure had gone up. They all knew that they could not get their ordinary bread and butter at the same price as six months ago. Yet there was never a greater demand on such hospitals than at the present time.

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Vol. LIV

EDITORIAL.

THE TRAINED NURSES ECONOMIC LEAGUE.

It is a fundamental principle that for the stability of any body of workers, and for the establishment of just economic conditions, co-operation between its members is required.

This lesson has been impressed upon trained nurses during the present war by the fact that the economic condition of nursing has been largely determined by members of the medical profession, that is to say by the Army Medical Department, which has evolved a scheme to meet the present military necessities, which must have a prejudicial effect upon nursing in the future, as the whole education, discipline, and remuneration of nurses, trained and in training, has been disrupted.

Further the whole press of the country has been utilized in advocating this scheme, upon the statement that, in the near future, there will be a shortage of nursing skill available for the sick and wounded, and that therefore the employment of paid unskilled help is a necessity. There is no doubt that, with such an abnormal number of invalids requiring trained nursing, careful organization was necessary, and the Army Medical Department would have been wise if it had conferred with the nursing profession, as it has done with the medical profession, on this matter, and if the Nursing Board at the War Office had compiled carefully tabulated statistics as to the number of trained nurses available.

It must be realized in this connection that the flat rate of pay of £1 1s. a week for nurses in military auxiliary hospitals has excluded the private nursing branch from this patriotic service, unless it is content to work for half the market value of skilled nursing. Hundreds of private nurses

are willing to do this, and are so employed. But before estimating the extent of the shortage of skilled nurses the thousands, engaged in private work, who are unable to work at half price, should have been taken into consideration. Many of them would willingly work in military hospitals if they could conscientiously divest themselves of their financial obligations. But those acquainted with private nurses know well how many of them have incurred financial responsibilities in connection with those dear to them, which honour and affection compel them to fulfil.

To prove whether private nurses are available for work in military hospitals, if employed at their ordinary fees, we propose to compile a roll of such nurses holding certificates of three years' training in a general hospital, who are between the ages of 25 and 45, and who are willing to offer their services to the War Office at the rate of £2 2s. a week. We have no desire to interfere with the freedom of action of other nurses, whether voluntary or salaried workers, but we claim that the great body of private nurses should not be excluded from rendering invaluable national service simply because the Government has elected to ignore the market value of their skill.

On page v. of our advertisement columns will be found a form which eligible private nurses are asked to fill up, sign, and forward to the address given. This entails no obligations, but is, in the first instance, only intended as a test of the number available under the above conditions, and we invite the co-operation of Superintendents of private nursing institutions, to enable us to compile a list which will be of real value.

It is proposed to form a League of Nurses to consider and secure just economic conditions for the Nursing Profession of which full particulars will be given in this JOURNAL at an early date.

IMPORTANT POINTS IN THE TREATMENT OF THE NOSE.

By MACLEOD YEARSLEY, F.R.C.S.,

*Senior Surgeon to the Royal Ear Hospital;
Otolgist to the London County Council
Deaf Schools, &c.*

In dealing with such conditions of the nose as call for treatment, there are certain main features which should always be kept clearly in view. Without due consideration of these points damage may be done which can never be rectified, and the permanent results thereof may gravely impair the future comfort of the nose and its possessor.

When the normal nose is considered in regard to its function, it will be recognised that its interior is lined by a mucous membrane, nearly every part of which serves the important threefold work of moistening, warming and cleansing the inspired air during respiration. The anatomical arrangement of two chambers, divided by a rigid partition, each of which has projecting into it the prominences of the middle and inferior turbinates, contributes to the maintenance of this function by affording a means whereby the inspired air is sufficiently delayed on its journey to the lower air passages to enable the warming, moistening, and cleansing operations to be efficiently performed. The work which the nose has to do in dirty and smoke-laden city air is greatly increased, whilst the atmosphere of badly ventilated and overheated offices and rooms and that attendant upon dusty occupations throws still greater burdens upon it. To carry out its functions in a normal manner, the nose must be well drained, not only as a whole, but as regards all its glandular elements. This drainage may be interfered with by structural abnormalities or by obstructions due to the action of irritants. In this connection one is too apt to forget that irritants may come from within as well as from without. The action of dust, gases, and noxious fumes is patent to everyone, but it is not always remembered that there are systemic as well as environmental irritants. Such internal irritants as uric acid and the toxins resulting from bacterial infections in distant parts of the body have just as important an effect as have those which are inhaled from outside. Hence, to have a normal nose, the individual must possess good general health. The turbinates have to adapt themselves to every change of temperature, to dryness and moisture in their extremes, to alterations of blood pressure, and to reflex changes from the nervous system.

One of the points of first importance, therefore, is that the preservation of the normal function of the nose must be the first consideration in the treatment of all nasal diseases, and that any measures which may endanger this function are to be avoided as carefully and as conscientiously as the ophthalmologist would avoid such treatments as may damage the vision.

The main considerations in the treatment of the nose, therefore, must be directed to the ensuring of proper drainage and the maintenance of the integrity of the mucous membrane covering the turbinates, which bodies are those which perform the physiological functions of the organ.

The chief abnormalities in the adult which may interfere with the efficient drainage of the nose are those affecting the septum, and are, therefore, mainly structural. Deflections, crests, and spurs are very common, and their treatment is obvious. In children, adenoids are the chief, if not the sole offenders. They prevent the drainage of the nasal cavities as a whole, and have the further effect of acting frequently as a source of infection to those cavities. Enough has been said and written as to the effect of adenoids upon the function and development of the nose in children to need no detailed consideration of them here. It is the adult, rather, who claims attention. Until the present decade, the question of nasal drainage did not receive the attention which it demands, or, if it was considered, the methods employed for correcting its defects were neither adequate nor scientific. Obstruction due to structural abnormalities were too often met by the removal of portions of the turbinates, a measure indefensible on account of the interference with functionally active bodies thus entailed. One of the most unscientific instruments ever invented by the ingenuity of rhinological surgeons was the spokeshave for turbinates. Often, too, crests and spurs were removed by this weapon in such a manner as to leave extensive raw surfaces which were long in healing and entailed unnecessary loss of tissue. At the present day these crude and unscientific operations have given place to carefully planned methods, whereby adequate results are obtained at the least sacrifice. By means of the sub-mucous resection of the nasal septum, large spurs can be removed and deviations corrected with the greatest efficiency. The methods for dealing with the nasal septum before the advent of this operation were unsatisfactory to a high degree. They consisted largely of crushing or cutting operations, with forcible corrections by

means of powerful forceps, and entailing the wearing of uncomfortable and irritating splints of metal, vulcanite, or rubber for considerable periods of time. The after-treatment was tedious and often painful; the result was very frequently unsatisfactory. Compared with the resection operation they were as different as the flint implement from the steel knife. This resection operation consists in the separation of the mucous covering on either side of the septum from the underlying bone and cartilage, and the removal of the latter rigid structures by suitable cutting instruments and forceps, so as completely to remove all deviations, crests and spurs. The mucous flaps are then brought together and either held in place by means of sutures or by the insertion for a few hours of splints made of compressed gauze. The result is a straight, membranous septum, which becomes rigid by the formation of scar tissue between the opposed raw inner surfaces of the two layers of the septal mucous membrane, and which cannot again become deviated. The great characteristic of the operation is that it effects an adequate structural alteration in what may be termed the framework of the nose, and does not interfere with the functionally active turbinates. By its means, normal drainage is restored, and the resulting improvement is usually well marked.

The effects of bad nasal drainage are due to the retention in the nasal chambers of secretions, which alter in character, afford an excellent culture ground for micro-organisms, and irritate the nasal mucosa. These secretions easily find their way into the nasopharynx, irritate its mucosa, and induce a sub-acute or chronic pharyngitis and nasopharyngitis. This lays the foundation of chronic middle ear catarrh and Eustachian tube troubles, as well as disorders lower down in the air passages. Sometimes these irritating secretions find their way into the stomach, especially during the recumbent position assumed for sleep, and induce dyspeptic symptoms. Their effect upon the nasal mucosa is to cause congestion and inflammation of the turbinates, leading later to real hypertrophy. The normal vaso-motor mechanism is thrown out of gear, and the mucosa is unable to adapt itself to meet outside influences. Continued turbinate irritation and congestion results in further increased secretion, which adds to the supply of intranasal irritant. Usually the first part to be affected is the posterior end of the inferior turbinate, because this part is especially liable to be bathed in back-flowing secretions, particularly at night. Hence enlarged posterior ends of inferior turbinates are a very frequent con-

comitant of septal deviations and of septal spurs situated far back. These posterior ends are rich in glandular elements, which partake in the hypertrophy; so that the secretions which flow over the walls of the nasopharynx become still further augmented. Removal of the conditions causing defective nasal drainage gives the nasal mucous membrane the opportunity to recover under appropriate treatment.

Disorders of the nasal mucous membrane may take place apart from defective drainage; indeed, the latter is merely one of their causes. Other causes may be intranasal or systemic. Of the former, dust and microbe infection are the most common, and yield to mild and gentle treatment. The systemic conditions which react upon the nasal mucosa are alcoholism, hepatic troubles, heart disease (especially failure of compensation in mitral disease and aortic insufficiency), and chronic digestive disorders, especially chronic constipation, intestinal stasis and consequent alimentary toxæmia. In such blood conditions as anæmia and leukaemia, and at puberty, the menopause, and during pregnancy, nasal congestion and turgescence of the turbinates may occur. The treatment of the nose in all such conditions is the treatment of the general condition. This is merely commonsense, yet it is often overlooked. If local measures are deemed necessary, they should be of as mild a character as possible, and nothing should be done which is likely to interfere with the function of the nasal mucosa. They are really cases for the general physician; the function of the specialist is to guide the latter and to rectify any abnormality of the nasal framework that it may be obviously expedient to correct.

It is necessary here to make a very strong protest against the needless and reprehensible use of the cautery in these cases. If the writings of some rhinologists are to be believed seriously, the destruction of some part of the nasal mucous membrane will cure most of the ills of human flesh, including enuresis and dysmenorrhœa. Such treatments are probably psychic in their action, and would be as effective if the cautery point were used cold. Their results are never permanent, except in their destruction. Cauterisation, either by caustics or by the galvano-cautery, should never be used upon the nasal mucous membrane, save in the possible emergency of saving life. Cauterisation destroys the nasal mucous membrane, so that it can no longer carry out its function. It destroys and closes by scar tissue the ducts of the glands in the membrane, causing atrophy of some, cystic degeneration of others. The immediate effect is a swollen mucosa, which is

painful and sore. The inflammatory reaction may be sufficiently great as to cause sinusitis. If the wounded mucosa becomes infected, very serious effects may occur, even meningitis. Putting aside these possibilities, the worst results of cauterisation are the later ones. There may be adhesions between the turbinates and the septum or the floor of the nose, adhesions which further impair the function of the nose by interfering with drainage. The amount of scar tissue may be, and very often is, unusually great, and this means that areas originally covered with ciliated epithelium are replaced by areas of pavement epithelium. On these patches secretions accumulate, become dry, and form crusts, which decompose and presently cause ulceration of the parts beneath. These crusts, with the irregular and obstructing enlargements of the turbinates from cystic degeneration of their sealed-up glands, make the last state of the patient much worse than the first, for he has come to possess a nose which can never again exercise properly its function. Cauterisation is eminently unsurgical, because it is a treatment which is irrespective of causation, makes much unnecessary scar tissue, and recklessly impairs a function which could be preserved by other methods. Every case in which the cauterisation has been used could have been efficiently treated by discovering and eliminating the cause. If the turgescence or inflammation be due to external causes, they can be removed; if to systemic disorders, they can be treated; if to impaired nasal drainage, the cause of it can be discovered and corrected.

THE MATRONS' COUNCIL.

The quarterly meeting of the Matrons' Council is to be held at 431, Oxford Street, on Saturday, May 1st, at 4 p.m., and will be of special interest, as after the business meeting Miss Violetta Thurstan, who is a member of the Council, will speak on her work with a Field Hospital, and Flying Column, in Belgium and Russia.

Miss A. E. Hulme, Hon. Secretary of the Council, and Miss Beatrice Kent hope to leave London on May 22nd for the meeting of the International Council at San Francisco.

At a recent meeting of the electing committee of the Lyceum Club, a former Matron, now married, was elected a member of the club, on her qualification for the Public Service Section, as a member of the Matrons' Council. This recognition of the value of the Council's work for the community should be very gratifying to the members.

OUR PRIZE COMPETITION.

DESCRIBE THE CONDITION OF URINE IN CYSTITIS, BRIGHT'S DISEASE, HYDRO-NEPHROSIS, RHEUMATISM, AND DIABETES.

We have pleasure in awarding the prize this week to Miss S. Simpson, Niederwald Road, Sydenham, S.E.

PRIZE PAPER.

The condition of urine in cystitis is generally acid, with a more or less abundant deposit of pus, in which may be found pelvic and vesical epithelium, shreds of connective tissue, and debris of tubercle. With proper staining reagents tubercle bacilli have been demonstrated, and should be looked for in all suspicious cases as affording a certain means of diagnosis. Blood is often present from time to time, but not generally in large quantity. Albumen occurs in proportion to the amount of pus. Tube casts are rare. Sometimes the urine is ammoniacal and ropy, from retention and decomposition in the pelvis. Micturition becomes frequent and often painful.

The presence of albumen in the urine is the most constant sign of Bright's disease.

The urine is scanty, the quantity diminishing to ten, eight, or six ounces daily, or even less. It is acid and irritating, so that it is frequently voided in quite small quantity; its specific gravity is high, from 1025 to 1030. It is turbid, and it has a colour which is due to the presence of fresh or altered blood, and is dusky brown, deep brown, porter coloured, pink, or distinctly red, according to its quantity and condition. It deposits a sediment consisting of fresh or altered blood corpuscles or fragments of them, renal epithelial cells, granular, epithelial, or blood casts, and it may be after some time uric acid crystals. The albumen present is generally in large quantities, forming a thick curdy deposit on boiling; or the urine may become actually solid on heating, so that the test tube may be inverted without a drop running out. The urea is remarkably diminished: it may fall to half its normal quantity or less daily; and the phosphates and chlorides are also reduced.

In hydro-nephrosis there is retention of urine in one or both kidneys; the urine passed is not much altered. Its quantity may be natural. It may contain a trace of albumen or a little pus; the urea and salts are in average quantity. In cases of double hydro-nephrosis there is a tendency to uræmia from the retention of urinary constituents.

The urine in rheumatism is scanty, high-coloured, and acid; it contains only occasionally a trace of albumen.

In diabetes there is excessive secretion of

NURSING AND THE WAR.

urine. There are two forms; in one, diabetes mellitus, where the characteristic feature is the passage of large quantities of urine containing glucose or grape-sugar, the actual quantity of sugar in the urine varies from a mere trace up to a maximum of forty grains to the ounce. From eight to ten grains is the more usual amount. The daily excretion is often 6,000 to 7,000 grains. The presence of sugar is commonly accompanied by other changes in the urine. Its quantity is increased to ten, fifteen, or twenty pints per diem, and the specific gravity is raised by the presence of so much sugar to 1035 or 1045. Cases are on record in which it has been as high as 1060 to 1070, but these must be rare. The colour of the urine is generally pale yellow or almost like water; it has a sweetish odour. The reaction is acid. The urea of diabetic urine is in excess of the normal, sometimes very much so; uric acid is either unaffected, or, according to some, is below the normal. Phosphates and sulphates are usually in proportion to the urea. Ammonia also may be present.

The urine in diabetes insipidus is very pale, almost like water; of specific gravity 1002 to 1005, and faintly acid in reaction.

The percentage of solid constituents is, of course, small, but the daily excretion of urea may be somewhat above the normal.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss F. Sheppard, Miss D. Vine, Miss M. MacMaster, Miss B. Ellis, Miss G. Thompson, Miss T. O'Brien.

Miss Dora Vine points out that in hydro-nephrosis the urine may be totally suppressed owing to obstruction in the ureters.

QUESTION FOR NEXT WEEK.

Describe the various kinds of fractures and their complications.

A SIGNIFICANT SILENCE.

Macmillan & Co. have not yet given us a straightforward answer, Yes or No, to our plain question, *i.e.* :—

Is the German lady named Swanhilde Bulau, who has lived in London under the assumed name of Swanhilde Bulan, and who was naturalised as a British subject on November 10th, 1914, the Miss Swanhilde Bulan who edits the *Nursing Times*?

British members of the Nursing Profession demand an answer, and have a right to it.

If we do not receive a reply, we intend to deal with the matter at some length in our next issue.

Since it has been reorganised and the Matron given suitable authority, Queen Mary's Hospital at Southend has been fulfilling its purpose admirably. Queen Mary takes the keenest interest in the work, and in a recent letter to Lord Desborough, who is one of the Committee, she expressed her pleasure at the way it has been carried on.

Miss Grace Reynolds Hale has been appointed Matron of the military hospital shortly to be opened in Endell Street under the care of Dr. Louisa Garrett Anderson and Dr. Flora Murray. Miss Hale was trained at St. Bartholomew's Hospital, London, and has been Night Superintendent at the Royal Hospital for Sick Children, Edinburgh; Ward Sister and Home Sister at the Queen's Hospital for Children, Hackney Road, N.E.; Superintendent of the Nurses' Home, St. Bartholomew's Hospital, and Matron of the New Hospital for Women, Euston Road. Miss Hale is a Sister in the Territorial Force Nursing Service, and has been on duty at No. 1 General Hospital, Camberwell. She has been lent by the T.F.N.S. and given the temporary rank of Matron. She will hold the appointment in conjunction with that of Matron of the New Hospital for Women. She is a certified midwife.

Owing to the small number of nurses in London at present for whom the post-graduate lectures for nurses, announced in our last issue, were specially intended, by the Matron-in-Chief of the Joint War Committee, it has been decided to postpone them for the present. It is hoped they may be arranged later on.

Miss Lilian Richards is engaged in a London military hospital which was visited the other day by King George, Queen Mary, Queen Alexandra, and Princess Mary. After expressing her personal pleasure at what she had seen Princess Mary gave Miss Richards a handsome nuff on leaving. This nurse had charge of the captain of the *Blucher* until he died in hospital at Edinburgh.

The following nurses left London on Sunday last for fever work in Serbia, under the Serbian Relief Fund.

Miss Louisa Ball, who in addition to holding the certificate of St. Mary's Hospital, Paddington, has worked for seven years as a Queen's Nurse in Shoreditch; Miss Sara Bonser, trained at the Seamen's Hospital, Greenwich, who speaks French, German, and Italian and has nursed in France, Germany and India; Miss Maud E. Bullock, trained at the Chesterfield Hospital, she has also had experience of fever nursing and nursed in Montenegro, and at Janina during the Balkan War; Miss Roberta Parsons, trained for three years at the Tabitha Hospital, Chicago, she has had much experience in nursing typhus and typhoid fevers;

Miss J. E. M. R. G. Egerton, Miss Helen Smith, Miss Mary Michie Smith, and Miss M. E. Skertchley, all of whom have had both general and fever training, and Miss J. S. Rankin, trained at Stobhill Hospital, Glasgow, who has had five years' experience of private nursing. It will be realised that the nurses have been very carefully selected, and we wish them all success in the onerous work before them.

We note that when the Director General of the Army Medical Service wants to enlist the sympathy of the medical profession in the need for more medical help for the Army, he wisely meets in conference a special committee of the British Medical Association, with the result that the Committee was fully convinced that the need was large and urgent and recognising that a great patriotic duty devolved on the Association, it was unanimously resolved to request the Divisions and Branches immediately to take certain steps with a view of enabling the Army speedily to get the whole time medical officers wanted for the field forces, and more part time service at home, for hospitals and for recruiting and training stations.

Why has not the nursing profession been treated with the same courtesy and consideration, instead of having been thoroughly disorganised by all and sundry who choose to interfere with its work? It is not yet too late and we are glad to learn that a public-spirited Matron has written to Lord Kitchener on the matter.

How perfectly helpless a great body of skilled working women are without legal status, and how easily submerged, has been brought home to the nursing profession since the beginning of the War, and we are glad of it. And that trained nurses

should be of all women the most patriotic has added insult to injury.

The patriotism of Polish women has for centuries been proverbial, and, at the present time, when the country is laid waste and the greatest distress prevails, they are doing most splendid work. Our illustrations show two nurses returning from their work through the snow; and women providing hot food for the soldiers, who on leaving the trenches are always sure of a hot, well-cooked meal.

The Edinburgh Evening News reports, referring



POLISH NURSES RETURNING THROUGH THE SNOW.

to the amateur nurse question, "Comment is fastening itself upon something that looks like a repetition of what happened in the South African War. A certain section of society butterflies have become rather assertive in their amateur nursing among the wounded 'Tom-mies' in Flanders. I hear that very exalted quarters have expressed annoyance at some of these ladies' cantrips as photographed in the more expensive weekly illustrated papers." Not before time.

Mrs. Maxwell St. John, R.R.C., who has been actively engaged in professional work during the war, first in Belgium, and now in France, writes from the Anglo-French-American

Hospital for Malades Militaires, Neuilly:—"Dr. Guest asked us to go to Limoges with four trained nurses. At Victoria we were told that the Administrator had appointed a Matron! We went on just the same, two of us elderly women, and did all sorts of odd jobs, from scrubbing and cleaning windows to ordinary ward work. Finally, five weeks ago, this nice little hospital was offered me, and here I am with eleven trained nurses and probationers, and a clever little housekeeper, getting things ship-shape. They are just splendid. We only

started patients on the 8th and our linen supply was very small, so all the spare time sheets, &c., were made, and the supplies are now beginning to come quickly.

"It is very nice to be back in harness and here I don't see any of the setting aside of the Matron's authority that I have noticed elsewhere. My Committee, naturally, want a weekly report, but they, on their side, have so far supported me in the policy of not using trained nurses to do the charring. It seemed a very uneconomical procedure.

"We are now in the throes of getting new documents, for days some of us have spent the afternoon between the Prefect of Police, the Consulate and the French Red Cross, Secours aux Blessés Department. Each with a photograph.

"This was a Maison de Régime before the war, and is therefore unusually well equipped, thirteen baths, and each small ward has a dressing-room with hot and cold water. After Limoges, where we were eleven or more in a dormitory, I feel like a beggar on horse-back coming here to a proper bed, and a hot bath without having to go into town for it. Not that one really objects to roughing it."

The New Zealand Trained Nurses' Association is to be congratulated on the result of its organized effort to induce the Government to give nurses in the Dominion the opportunity of serving their country in the care of the sick and wounded, more especially those of the New Zealand contingent. Feeling keenly dissatisfied, in the interest of the New Zealand men, that this had not been arranged, a deputation from the Association waited upon the Hon. James Allen, Minister of Defence, on December 31st last, when Miss Maclean, Matron-in-Chief was in attendance upon the Minister. Several members of the Asso-

ciation spoke very strongly, and the direct result was that Mr. Allen cabled to the War Office that New Zealand nurses were anxious to serve, and that the Government was prepared to send fifty nurses. The Secretary of State for the Colonies, on behalf of the Army Council accepted the offer with thanks, stipulating that the nurses should be available for service wherever required; and the latest advices are that fifty nurses have left for England. They were given an enthusiastic farewell, both Mr. Allen and Sir Joseph Ward being present. The services of these well-trained nurses will be most valuable.

When the cry of a shortage of nurses is raised, it must not be forgotten that the Empire is prepared to send nurses as well as soldiers; and that, having been accustomed to less service than women at home, those from our Dominions beyond the seas are specially well suited for campaigning.

A contingent of Danish doctors and nurses are to pass through England to work in France.

A number of American surgeons and nurses have arrived in Sweden, proceeding via Finland to the Russian front.

A young Englishwoman, Nurse Elizabeth Ward, is the first Englishwoman to South Russia to

volunteer for active service with the medical corps of the Russian army. She left for the German front with thirteen other Red Cross nurses. Englishwomen are also engaged in nursing the Russian wounded in the English hospital at Elizabetgrad, which has been fitted up and placed at the disposal of the Russian Government by the English firm, Messrs. Elworthy. This hospital is provided with a complete staff of doctors and nurses. It contains beds for a hundred soldiers and is maintained at the expense of the firm, which has 800 employees serving with the Russian army.



POLISH WOMEN PREPARING HOT FOOD FOR SOLDIERS.

FRENCH FLAG NURSING CORPS.

After a week of waiting in London, the seven members of the Corps summarily evicted from the Continental train at Victoria Station on Good Friday, left for France on Friday, the 9th inst., and let us hope they have by now reached their destination at Talence, where they were so urgently needed. Several of the Scottish Sisters who recently arrived there are suffering from measles—and with 800 beds to look after, the delay of the last unit could not have been more inconvenient. Miss Ethel Grindon had charge of the now historic party whose portraits appear.

We dealt with this matter editorially last week, and feel sure the profession at large will be thankful to know that the high-handed treatment will not be repeated. The Order under which the representatives of the British Red Cross Society and Scotland Yard acted—in our opinion quite illegally—has now been withdrawn. We may add that it was fortunate that the unit upon whom it was tested was composed of members of the French Flag Nursing Corps, as, needless to say, the matter was not permitted to pass without an explanation, which has produced satisfactory results.

The following four Sisters left for France on

months' service in France, and will return to duty at home.

The Sisters at Bergues write hopefully of the work there, which, in the first instance, seemed bristling with difficulties; they appear to have overcome many discouragements. It is encouraging to know that in several hospitals all the worst cases have been sent into the wards worked by the British Sisters, and that their help has been asked for in many directions. Sister Carmichael,

at the Hôpital Jeanne D'Arc, Bergues, writes:—"We should be most grateful for picture papers and games, such as cards, puzzles, &c." Can any of our readers supply this want? Postage must be paid; and it would be well to find out the cost accurately, as we believe it is through England that postage is charged to those on "Service Militaire," in French hospitals.

Miss Neville Parker, "our only Massense," writes very interestingly of her work at Evreux, where she is "very happy indeed." The work is so interesting and varied and the treatments greatly appreciated by the patients,

who do their very best to follow directions. As they have every sort of French soldier, besides Belgians and Turcos, many patois have to be understood. Miss Parker has been learning a few words of Arabic from an Algerian—names of limbs, &c.,



MISS ETHEL GRINDON.



MISS M. D. F. SCOTT.



MISS JESSIE CUMMING.



MISS E. M. SCOTT.

Tuesday: Miss Anna B. Banks, cert., Royal Infirmary, Edinburgh; Miss Lucy B. Giles, cert., South Devon and East Cornwall Hospital, Plymouth; Miss Clementina Addison, cert., Royal Infirmary, Leicester; and Miss Dorothy Sainsbury, cert., General Hospital, Bristol.

So quickly does time fly, that several members of the Corps will soon have fulfilled their six

which have been most useful in treating the Turcos. "The doctor has given us all we need for our work, and takes the greatest interest in it; really our massage room looks very nice and professional; the visiting general inspected it the other day, and seemed greatly interested. One nice thing I have noted here among others is when a patient comes here from an English hospital, and has been

nursed by an English nurse, he always greets us with great pleasure and begins to air his little bits of English. We live in the hospital, where there are often 500 convalescents; but, as space is limited, we sleep and eat in our little room, and it is much more like barrack life than hospital. We are the first women ever to live and work here, so we feel it is really pioneer work, and very responsible. We are trying to keep up the English standard of work of this kind in an unobtrusive way, as one has also to remember it is not one's own country—and we must not be insular. Everybody is most good to us here, and kind in every way.

"Evreux is a quaint old town, and the Cathedral is very stately and beautiful. One does so realise here what War means. Trade is at a standstill; every woman is in black; and soldiers with fixed bayonets are at every corner. When one sees how much France has done and suffered, it makes one very happy to think we are helping just a wee bit, too. We are so glad to be sent here, as we love the work. On Sunday, it was the 'Souvenir' day. There was a procession to the graves of soldiers killed in the War, preceded by banners and chasseurs with trumpets, and everybody placed sprigs of box on the graves and on a monument erected to their memory. It was a very impressive and touching scene."

Lady Barclay has recently spent a week in Paris, at the request of the Committee of the French Relief Fund, to further the organization of its good work. She paid a flying visit to the Front, and was deeply impressed with the solemnity and horrors of war.

J. G. Dundas Grant has visited Bordeaux, and made an interesting report to the committee on the work at Talence.

FIELD HOSPITAL AND FLYING COLUMN.

Miss Violetta Thurstan's book, which is to be published next week by Messrs. G. P. Putnam's, is sure to be widely read by members of the nursing profession, who may well be forgiven for a feeling of pride that one of their number has

not only passed through the experiences which she relates so modestly, but has been able to present them in a guise so attractive.

With the material at her disposal, Miss Thurstan might easily have written a far more sensational book, but it would not have carried the same conviction as the quiet, restrained story which she relates—written, to occupy a time of enforced rest in the midst of activity.

As most nurses know, Miss Thurstan went out to Belgium in August last, under the St. John Ambulance Association; and in this book she relates "The beginning of it all," her work in Brussels, how the fates took her to Charleroi, in the forefront of the western campaign; how, after a memorable journey and a peaceful interlude,

she found herself first in Warsaw, then at Lodz during the bombardment; later, with a flying column; and finally by the trenches at Radziwiliw.

The book is of unique interest, and should be included in every library list at once, for we learn from the publishers that

orders are coming in freely, and already, even before publication, there is talk of a second edition.

Miss Thurstan, who has been appointed Organising Secretary of the National Union of Trained Nurses, possesses the L.L.A. degree of St. Andrews University, where she took honours



MISS M. E. ROSE MORRIS.



MISS G. K. D. JOHNSTON.



MISS K. M. O'LEARY.

in Philosophy and Languages. In addition to a varied nursing experience, she holds the first-class certificate of the Buckingham Palace School of Cookery, and is a certified midwife.

JOINT WAR COMMITTEE.

The following nurses have been deputed to duty in Home Hospitals:—

Temporary Military Hospital, Oldham.—Miss Gowans.

Clayton Hospital, Wakefield.—Miss E. Gray.

Coombe Lodge, Great Warley, Essex.—Miss G. Westacott, Miss M. H. Scott.

V.A.D. Hospital, Spondon, near Derby.—Miss M. Wilbraham, Miss A. Sim.

V.A.D. Hospital, Helperton, Trowbridge.—Mrs. E. Waterhouse.

V.A.D. Hospital, Yacht Club, Gravesend.—Miss M. C. Thompson.

St. Matthew's Hall, St. Mark's Road, Willesden.—Miss D. J. Gould, Miss E. Peacock.

Red Cross Hospital, Netley Abbey.—Miss M. E. Bailey, Miss Etherington.

Red Cross Hospital, Gatcombe House, Newport, Isle of Wight.—Miss A. B. Cressey.

7, Ralston Street, Chelsea.—Miss H. Clark.

Hayle Park Auxiliary Hospital, Breamore, near Salisbury.—Miss G. Owen, Miss E. M. Smith.

Auxiliary Military Hospital, Elmfield Hall, Accrington.—Miss Ethel Forbes.

University Hospital, Highfield, Southampton.—Miss M. G. Eakin.

Broomhill Red Cross Hospital, Tunbridge Wells.—Miss J. Bemrose.

Tyneley Hall Military Hospital, Winchfield.—Miss B. Costello.

Somerley, Ringwood.—Miss L. H. Hawker.

Beechcroft Military Hospital, Woking.—Miss A. Smith.

Temporary Hospital, Richmond Hill Road, Edgbaston.—Miss Lily Clark.

Highfield Hall, Southampton.—Miss R. Warden.

Lady Roberts Hospital, Ascot.—Miss E. Phillips.

Roseneath Voluntary Hospital, Winchmore Hill.—Miss K. H. Austin.

Ellastone Hospital, Rocester, Staffs.—Miss K. Rennels, Miss Wright (Superintendent).

Red Cross Hospital, 6, Third Avenue, Hove, Brighton.—Miss S. F. Harris.

RED CROSS BADGES.

The British Red Cross Society and the Order of St. John have initiated a new national movement, with a view to associating the members of the general public with their labours. St. George's Day will be celebrated on the 23rd inst., and St. John's Day on June 24th. It is hoped that in the period between these two dates authorised Red Cross badges will be generally worn. These badges will be sold at 1d. each.

THE CARE OF THE WOUNDED.

Surgeon-General Gorgas, of Panama Canal fame, will resign his position at Washington this week, and will sail for Europe immediately to conduct the Rockefeller Foundation Expedition to Serbia to combat the typhus epidemic.

His expert sanitary supervision during the building of the great Canal is reported to have saved hundreds of lives amongst the workers.

Eleven of the greater county asylums in England and Wales are being taken over by the War Office as hospitals for the wounded, the accommodation thus provided will be sufficient for 15,000 wounded.

Some delightful concerts are being held in Dublin to raise funds for the Castle Red Cross Hospital. That held in St. Patrick's Hall last week was a splendid success.

It is reported that many thoroughly trained nurses are still available if required for the soldiers, in Glasgow. Long before the War broke out rolls were prepared, and it has not been necessary so far to call up all the nurses on the establishment of the two hospitals at Stobhill.

The case of soldiers who are discharged from the Army suffering from tuberculosis is very pitiable, and they need skilled and sympathetic care. At the last meeting of the Hospital Board of the Cork County Sanatorium for Consumption a letter was read from the Insurance Council, stating that the Army Council desired to keep available for the treatment of wounded soldiers the accommodation in military hospitals; and the Commissioners were therefore desirous of having arrangements made for the transference of tuberculous soldiers to an institution approved under the Insurance Act for the treatment of tuberculosis. It was agreed that the Board could set aside twelve beds for this purpose, at a charge of 25s. per week; but Dr. A'hern, the Medical Superintendent, expressed the hope that patients with a chance of recovery should be sent there; as a rule, the discharged military patients were very bad. This, no doubt, is a reasonable request; but it would seem that special provision is still required for the care of tuberculous soldiers, for whom it is only possible to smooth the difficult way until they are relieved by death.

The Red Cross Sale of Antiques at Christie's has aroused keen interest amongst collectors, and crowds have attended the sale rooms daily. It is certain that a very handsome sum will be realised, and it is an open secret that the Joint War Committee needs huge sums of money to cover the expenses throughout Europe which it incurs daily.

LETTERS FROM THE FRONT.

FROM A BASE HOSPITAL IN SOUTH AFRICA.

Base Hospital,

Kuruman, South Africa.

Before I get on full duty I am taking the opportunity of writing you.

I left Maseru on February 1st, and after a week's work at Wynberg with the Matron-in-Chief, Mrs. Creagh, which I enjoyed, I have been sent with a staff of two Sisters to open up this hospital. We have already patients in, who can at present be treated and cared for without our help, the other cases having been taken by waggon and motors to Kimberley—where, whilst I was there, they had over a hundred military sick.

It was such a delight to me to know that I must

used for military purposes, the general administration has been much more complicated.

Kimberley is at present a huge base for the South African Medical Corps, and wears a very similar aspect to the days when I first made its acquaintance, at the time of the South African War, except that the town has a more important appearance, having so many grand new buildings worthy of the roads made during the siege and war time, to give work to the unemployed—the forethought of the late Cecil Rhodes. The hospital is the latest building contributing to this prosperous, up-to-date appearance. Yet this present war trouble of Africa has again seriously affected the labour market of Kimberley, owing to the closing down of the mines. There is a very striking result, however, in that Kimberley has supplied such a number of men to the new

army of South Africa, both to the ambulance and field forces, that I believe it is a record for the size of the town.

We left Kimberley yesterday morning, accompanied by Lieut.-Col. Mackenzie, A.D.M.S., and Mrs. Mackenzie, in another motor; the roads being still very heavy, we had to come a long way round, making the distance 185 miles. We arrived here at midnight, after fourteen hours' journey, very tired and dusty.

To-day we have visited the hospital, which is the old mission station; the house, which is to be used for acute cases, being the house built for a mission house by



THE KIMBERLEY HOSPITAL, SOUTH AFRICA.

stay in Kimberley, *en route* for my duty here, as the road was impossible from the heavy rains. We had a stay of six days. The lovely new hospital built on the site of the original one, but on a much larger scale, is now complete. Whilst I was there the patients were being moved in. The whole of the new building is for Europeans. The administration offices, laboratory, &c., are very fine; the furniture and equipment, &c., have been most carefully chosen, all being of latest hygienic and artistic design, suitable for a modern hospital and aseptic surgery. The Matron, Miss Gibson, who evidently had much to do with the choice of this, as well as Mr. Booth, the Secretary, who went to England and superintended the purchase of everything, are to be congratulated on the success of their hard work—especially as for the last six months, owing to the hospital being

the late Mr. Mackenzie, father of Col. Mackenzie; the rest of the wards will be tents.

A short time ago the rebels held the mission and looted it; part of the comfortable home-stead was built by the late Rev. Robert Moffat, father of the wife of Livingstone, and grandfather to Dr. H. A. Moffat (formerly Resident Surgeon at the new Government Hospital, Cape Town), who is at present Major in the S.A.M.S. I am very interested in this historical place, and feel as if the spirits of the departed are here. We should have great success in our nursing, as all their labours seem to have been crowned with success. It is the most fertile spot, and it is difficult to realize in the midst of all this fertility that at a very short distance the desert begins. Yet that is actually the case.

J. C. CHILD.

THE DUCHESS OF CONNAUGHT CANADIAN RED CROSS HOSPITAL.

It would be difficult to imagine a more peaceful haven, after the storm of shot and shell, the booming of guns, and all the horrors and stress of battle, than the hospital which has been equipped by the Canadian Red Cross, on Mr. Waldorf Astor's beautiful estate Cliveden in Buckinghamshire.

"When the storm is over, then comes rest and peace." Would to God it were a permanent peace for the brave fellows there who are being nursed back to health and activity by the Canadian Military Nursing Sisters, under the able super-

the sunshine. The spacious lawns, which seemed to speak of recreation and ease, were evidently being used by the men as a bowling green.

We were received most cordially by the Matron, who at once began to explain and show everything in the most thorough manner. She herself takes the rank of captain, and her uniform was of a military character. The light blue linen dress was made double-breasted, with a double row of brass buttons, which she laughingly explained go to the wash with the dress. With these were worn brown boots, and a military belt and buckle of brown leather, her cap was of a similar pattern to that of our own Military Nursing Service. The Sisters' dress was of the same character, their rank of lieutenant, however, meriting but two



THE COVERED TENNIS COURT, CLIVEDEN, NOW THE WARDS.
DUCHESS OF CONNAUGHT CANADIAN RED CROSS HOSPITAL.

intendence of Miss Edith Campbell, the Matron, and the Commanding officer, Colonel Gorrell.

No amateurs here, no make-belief nurses with our Sisters from over the water. The question as to whether the nursing staff had all received the minimum of three years' training one felt to be almost an insult when the answer came swift and decided, "O dear yes, and more than that."

At present the Duchess of Connaught Canadian Red Cross Hospital, as it is called has accommodation for only 106 beds, but in the course of a very few weeks, huts are to be erected which will increase the beds to a total of 550.

The approach to the hospital on a lovely sunlit afternoon, made the expression "the smiling countryside" understandable. Men in all stages of convalescence were lying or strolling about in

buttons on the shoulders where the Matron had three.

The huge covered tennis court, lit by skylights, has been converted into what is practically the whole accommodation for the sick. It is divided into wards, cubicle fashion, each containing about twenty-five beds, while the gallery overlooking it provides for six more. In the gallery also is the Matron's office, so that at present she is able to take a bird's eye view of the whole of the patients. The interior which is lofty and airy is painted white, the floor is stained green with green linoleum in the centre. The bedsteads are all white enamelled, and have red and white quilts. The practical and excellent trolleys with glass tops, and the attractive looking tables were, we were told, all made by the carpenter on the premises—

a tremendous saving in expense. Indeed, simplicity and efficiency seem to be the prevailing note of the hospital.

One was struck with conviction that here the hospital was for the patients, and not the patients for the hospital. Those who felt fatigued were lying about on their beds, others were encouraged to engage in all kinds of work and games to relieve the long hours. One man was doing some quite dainty knitting, another working slippers in cross stitch and another making a serviceable hammock. On each locker was a vase of beautiful flowers, provided by the kindness of Mrs. Astor. All so bright, so homely, but withal trim and spotless.

Above all red tape seemed in the background, if it existed at all. We sympathised most heartily with the Matron's pride in her stores, provided by the loyal women of Canada, such piles of dressings, bandages, sheets, linen of all kinds; such delicious looking jams, pickles, biscuits, and rosy apples, sent regularly across the water by women who want to help. Indeed everything in the hospital has been provided by the Canadian Red Cross, and the greater part sent from the other side.

Quite properly, visitors were not allowed inside the theatre, but we were allowed to peep in, and the glance was enough to show us, its complete equipment without any unnecessary extravagance. The kitchen was originally the Fives Court and the bowling alley has been converted into a ward for "Flu and Rheumatism." The men have a comfortable recreation room provided with all sorts of games and books.

Miss Campbell has for many months been nursing the wounded at Boulogne with the English Sisters, and, though she would have much liked to remain there, she was badly wanted to organise her present work.

There is a very efficient ambulance service and a batch of seventy wounded was conveyed to the Hospital from the station two miles off in an hour.

As we took leave we passed through a double file of fifty men who were getting their discharge papers for the following day. One stage back for most of them to the terrors from which they have had a brief respite. God send them safe home again! On our way back to the station we noticed the commodious house in its pretty grounds where the Sisters are quartered, and the picturesque camp hard by for the hospital and other orderlies.

How good and joyful a thing is Imperialism.

H. H.

PRESENTATION.

Miss Rendell, who for over seven years has been one of the nurses in the town and district of the Ilminster Nursing Association, and has resigned to take up important work in London, has been presented with an album containing an address, and a purse of gold on behalf of 165 subscribers. Miss Rendell who was a general favourite, especially with the patients amongst whom she worked, in acknowledging the gifts assured the givers that she would always remember her happy associations with the people of Ilminster.

APPOINTMENTS.

MATRON.

Harlington, Harmondsworth and Cranford Cottage Hospital.—Miss Jackes has been appointed Matron. She has held the position of Sister at the Joint Hospital, Abingdon; and has also done temporary duty at Egham.

COUNTY SUPERINTENDENT.

Lincolnshire Nursing Association.—Miss L. Wheeley has been appointed County Superintendent of the Lincolnshire Nursing Association in succession to Miss Pybus. She was trained at the Hospital for Sick Children, Great Ormond Street, and King's College Hospital, London, and has held an appointment at the Cottage Hospital, Salop. She received her district training at Manchester and qualified as a Queen's Nurse in 1909. She has been Assistant Superintendent in Staffordshire and is at present Acting Superintendent of the Berkshire Nursing Association.

SISTER.

City Hospital, Little Bromwich, Birmingham.—Miss Rosanna Kershaw has been appointed Sister. She was trained at the Oldham Union Infirmary, and has worked as a Queen's Nurse in Birmingham, and as a staff nurse at the City Hospital, Little Bromwich.

STAFF NURSE.

City Hospital, Little Bromwich.—Miss Ida Measures has been appointed staff nurse. She was trained at St. Mary, Islington, Infirmary.

SUPERINTENDENT NURSE.

Tynemouth Union.—Miss Alice Maud Flick has been appointed Superintendent Nurse. She was trained at the Hackney Union Infirmary, and has been Theatre Sister at Townley's Hospital, Bolton; Night Sister and Home Sister at the Fulham Infirmary, and Superintendent Nurse at the Hartlepool Union.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Ladies appointed Nursing Sisters: Miss Edith H. Winton and Miss Amy M. Mitchell, January 16th, 1915; Miss Dorothea West, March 27th, 1915.

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Alexandra E. White is appointed to Shropshire C. N. A., as Superintendent. Miss White received General training at the Royal Infirmary, Edinburgh; Midwifery training at Dundee Royal Infirmary, and District training at Shoreditch and Bethnal Green, and has since held several appointments under the Institute, including that of Superintendent (temp.) Cheshire C. N. A.

Miss Jane Aitken is appointed to Gloucester as Superintendent. Miss Aitken received General and Midwifery training at Guy's Hospital; District training at Brighton, and has since been Queen's Nurse, Cowley, and Superinten-

dent of the Hertfordshire Training Home at Watford.

Miss Maud E. Joyce is appointed to Tipton as Assistant Superintendent. Miss Joyce received General and Midwifery training at the North Evington Infirmary, Leicester, and District training at the Derby Lane Home, Liverpool, and has since been Queen's Nurse at Liverpool (Derby Lane), and at Biddulph.

Miss Ada Powell is appointed to Somerset C. N. A., as First Assistant Superintendent. Miss Powell received General training at St. Olave's Infirmary, Rotherhithe, and District training at Gloucester and has since held several appointments under the Institute, including that of Senior Nurse, Swansea. Miss Powell holds the C.M.B. certificate.

Miss Marie C. Bannister is appointed to Harrogate, Miss Helen B. H. Hopper to Portsmouth, Miss Aurelia N. McNay to Ilkeston, Miss Grace E. Miller to Stevenage, Miss Gertrude A. Perry, to Huthwaite, Miss Amelia Strachan to Ilkeston, Miss Isabella Wardle to Beckington, Mrs. Caroline E. Williams to Metropolitan N. A.

HOME FOR NURSES.

Miss B. M. Cave, Kensington Gardens Nurses' Club, 56 and 57, Kensington Gardens Square, W., continues to enjoy the success which her enterprise on behalf of trained nurses so richly deserves.

As a trained nurse herself, Miss Cave is fully alive to all requirements, and she is able to give every comfort at the minimum of expense. Nurses can obtain full particulars on application.

THE PASSING BELL.

We greatly regret to record that Miss Julia Winchester, who was trained at the Hendon Infirmary, N.W., and a member of its Nurses' League, went down in the *Falaba*. She received fever training at the Brook Hospital, Shooter's Hill, where she had many friends. She was a member of the Colonial Nursing Service, and had been home on leave from Kumassie. Her former Matron, Miss Elma Smith, writes, "She was a splendid and thoroughly conscientious nurse, and one of the best of women. It is reported that she gave up her lifebelt and stood back for someone else to take her place, and I should think this is just the thing she would be most likely to do. We have waited so long hoping that she might be found but I fear now it is too late."

We greatly regret to record the death of Miss Augusta Minshull, from typhus fever, at the Scottish Women's Hospital, Kragujevatz, Serbia. Miss Minshull was highly qualified, as in addition to three years' general training, she had special experience of nursing enteric at the Fever Hospital, Dublin, where she was Assistant Superintendent, and at the Port of London Hospital for Infectious Diseases. She also held a post for a time at the General Infirmary, Chester; and was Matron of the Blencathra Sanatorium, Cumberland. On August 19th, she went out to Brussels with the St. John Ambulance Association Contingent; and left for Serbia on February 8th.

NURSING ECHOES.

The Thirteenth Annual Conference and Meeting of the Nurses' Missionary League will be held at University Hall, Gordon Square, W.C., on Wednesday, April 28th. The subject which will be considered throughout the day is "The Vocation of Nursing, and its Power in the World To-day," and as usual there will be a morning, afternoon, and evening session. The speakers will include Miss Amy Hughes, on "The Queen's Nurse: Her Difficulties and Opportunities," Miss Zöe Puxley on "The Work of the Ranyard Nurse," and Miss R. E. Darbyshire on "The Work of the Territorial Nurse," Miss J. Macfee, B.A., on "The N.M.L. in its World-wide Aspect," Mrs. Villiers C. Hawkins will deal with "Colonial Nursing," Mrs. James Maxwell with "Missionary Nursing," and the morning session, at which Miss A. M. Boyle will preside, will conclude with a devotional address by the Rev. G. Charlesworth, Chaplain of Guy's Hospital. In the afternoon there will be a *Conversazione*, with addresses by Miss A. C. Gibson on The Vocation of Nursing in the Home Hospital, and by Miss Lilius Blackett, M.B., B.S., Multan, in the Mission Hospital. The evening will be devoted to the business meeting, and Major H. Gordon Mackenzie, M.D., will give "A Message from the Front," and Mrs. Weir will deal with "Medical Work in Korea." The closing address will be given by the Rev. E. S. Woods, Chaplain to H.M. Forces.

Our illustration shows the first six nurses at the Hospital, Futsing, China, who have faced an outside examination, by an examiner of the Nurses' Association of China, and won their certificates. Previously Dr. Mabel Poulter and other medical women in charge of the hospital have examined and certificated their probationers. The four outside nurses hold certificates in general nursing and midwifery, while the two in the centre, Snow Sister and Golden Sister, who have been at the hospital five years, have added to their general certificates the extra qualifications of competence in first aid, tooth extraction, and vaccination, and, to their midwifery knowledge, an advanced course enabling them to use instruments and to undertake difficult cases. This is necessary, as Snow Sister is going up North-West, where she will be three days' journey from any doctor, and must be able to act for herself. The other, Golden Sister, is going to be on Hai tan island, where there is no doctor, and the people are longing for her help.

Holdah, another of the group, is to be married, and as her husband is a catechist, she will find much useful work in his parish amongst the women and children. The other three are staying on for another year to get the "addition" to their certificate. They, too, will be going far away from any doctor. There are now twenty nurses in training at the hospital, and four coming from other hospitals for the midwifery course.

The announcement that Miss Frances E. Marquardt, Matron of the Camberwell Infirmary, has resigned her position from con-

LEAGUE NEWS.

GUY'S HOSPITAL PAST AND PRESENT NURSES' LEAGUE.

The Thirteenth Annual Meeting, and the Seventh Annual Dinner of the Guy's Hospital Nurses' League will be held in the Nurses' Home on Friday evening, at 7 p.m., April 23rd, and the Annual Meeting at 8 p.m. Owing to the war, and the difficulty of getting exhibits from members abroad, it has been decided not to hold a competitive exhibition of photographs as usual, but an effort is being made to collect



MISS LOADE. FAITHFUL. EXAMINER. SNOW SISTER. DR. M. FOULTER. GOLDEN SISTER. MISS THOMAS. N. HONG. H. DAIR.

CERTIFICATED CHINESE NURSES AND EUROPEAN STAFF.

scientious motives, will be received with unfeigned regret by her colleagues, who appreciate her fine character, her high moral courage, probity, and clear-sighted singleness of aim. There are many who still remember what the Camberwell Infirmary was when she was appointed Matron, and its high reputation to-day, as a first-class nurse training school, has been the result of her hard work, fine powers of organisation, and professional conscientiousness. The Guardians will lose an officer whom they will find very difficult to replace.

as many prints as possible to show to members who attend the Annual Meeting. Members of the League interested in photography are asked to communicate with Miss Smith not later than April 21st, and at the same time to send in prints, which need not have been taken recently, and which are suitable for exhibition.

Tickets for the Dinner, price 1s. each, may be obtained by members, and application for them should be made not later than Thursday, April 22nd, to the Hon. Secretary, Matron's Office, Guy's Hospital, S.E.

QUEEN'S HOSPITAL NURSES' LEAGUE MAGAZINE.

The latest addition to League magazines, and a very charming one, is that of the Queen's Hospital Nurses' League, Birmingham, of which Miss Maude Buckingham is President, which has just made its appearance in a cover of a most attractive shade of blue, with its name, surmounted with the Members' Badge, printed in black.

The Editor is greatly to be congratulated, both on the contents of the magazine and the manner in which they are presented, while the printing merits a word to itself, for it is of special excellence.

LETTERS OF INTEREST.

Quite a number of members seem possessed of considerable literary ability, to which is added in some instances the saving grace of humour.

Mrs. M. Stead writes from the Hospital, Angleddol, New South Wales:—

It is a bit creepy living so far in the back blocks, and amongst so many Chinese and Blacks, but they are so very grateful for all I do for them that now I feel I quite like attending them . . . I am enclosing a few chips from one of the largest opal fields in the world, Lightning Ridge, near here. If you wet them, it shows up the colour like polishing does.

Here is another letter from the Matron's postbox:—

Dear Madam.—We have here a young woman standing in our city on the market place dressed as a nurse who is taking out teeth and selling medicine. She makes a bold statement from a carriage that she is a qualified nurse from the Queen's Hospital, Birmingham. We are very anxious to know if this is true because her form of speech does not at all correspond with a trained nurse. If this is not true we shall do our best to stop her.

From the British Serbian Relief Hospital, Skopje, Miss G. Smith sends a brief postcard:—

We are working very hard under trying conditions. We are up to our knees in snow! The country is very lovely. I have charge of the theatre. Getting very good work. I have no idea how the outer world is getting on.

From the 1st Southern General Hospital, Bournbrook, a member writes her Impressions of Life in a Military Hospital, from which our space only allows brief extracts:—

"Many funny tales could be told of our first experiences with the orderlies. Sister Caley was doing her best one day to show an orderly how to sweep the ward, and suggested to him it would be wise to move the chairs and lockers. He looked up and said, 'A-r-e you d-o-i-ng this j-o-b, or am-

I?' He had a most unfortunate impediment, which made matters worse.

"According to a leading Birmingham paper, 'We have the pick of the Midland nursing profession up here' (please don't be annoyed you people who are left behind; the papers make mistakes sometimes).

"Of course, Lindsay was with Major Kauffmann for she knew just the angle of his arm for the stethoscope and that it was fatal for a patient (even if a mere Tommy) to turn over a paper whilst he was percussing a chest. . . . Arrow-smith was given the enteric ward, and was very upset for weeks when no patients arrived; in fact I know positively she very much wanted to poison the water.

"Never will any of us forget the arrival of our first patients direct from France. The medical officers were on the spot to time, and everyone did whatever first came to hand. It was very amusing to see a very well-known surgeon giving the men hot milk out of an enamel pail. Another well-known surgical major was heard to remark that he found the wards so far apart he would have to have a horse. . . . Low be it spoken, but one Sister said she saw a very well-known medical major on the corridor with his grey flannel trousers on, and his khaki coat and cap. This has not passed the Censor. We have not heard of his being confined to barracks, as we are sure he would be if the colonel had seen him.

"Two hundred Belgians arrived one night at 11 p.m. Some very amusing and exciting things happened. . . . One soldier remarked to a Sister, 'You are as soft as a sheep,' meaning we presume, she was as gentle as a lamb. One left a postcard, to be posted when the war is over, on which he wrote telling his people he was 'alive up to that date, and in hospital with the good English Sisters.'

"We hear a good deal of the red tape of the army, and rightly so. The diet sheet is a work of art, and the number of times one signs one's name is amusing. It has been whispered that many Sisters for that reason contemplate changing their names at the end of the war!"

The Queen's Hospital Nurses' League is affiliated to the National Council of Trained Nurses, and thus takes its stand with the members of the Council in promoting mutual understanding and unity between trained nurses in the United Kingdom, and in maintaining cordial professional relations through the International Council of Nurses. THE BRITISH JOURNAL OF NURSING, which is the official organ of both National and International Councils, and which stands for skilled nursing for the sick of all classes, efficient standards of nursing education, State Registration of Nurses, and just economic conditions for nurses, keeps the nursing profession in touch week by week with all these things, and we hope every League member will take and read it.

SOME NURSES I HAVE MET.

If it takes all kinds of people to make a crowd, one certainly finds all kinds in a crowd of nurses.

When I was in hospital we had a nurse who said she loved every nurse in the place, and it was her ambition to be loved by everyone. She was a dear little woman, and when she had finished her training she carried her love and loving ways to a leper station as a missionary. I have not heard the sequel.

We had her contrast in a Sister who prided herself on being the most-hated person in the hospital. I do not know if she were entitled to that elevated position, but I think the majority of the nurses would have allowed her claim to pass unchallenged.

And I remember one Sister being very angry with me because I had not given a sleeping draught which had been ordered, my reason for not doing so being that the patient went to sleep before I went on duty and did not wake up for eight hours. It is possible that she would not have been pleased if I had given it; she had a happy way of telling me that I was not fit to be left in charge of a ward at least twice a week. A few years later she asked me to be Night Sister in the hospital of which she was then the Matron. I declined with thanks, and at the time took her request as a compliment, but now I think it was only because she found it difficult to get a Night Sister for £30 per annum.

I have never been able to understand the nurse who only likes nursing really bad cases. I remember one of that class who was a most devoted nurse as long as her patient was dangerously ill; but for an ordinary patient with nothing dreadful the matter she had no liking. She told me once she was green with envy because I had a patient with a temperature of 107.8, whereas the highest she had ever nursed was 106.4. "But," I said, "my patient will die." She answered: "Of course she will; but consider! what a temperature!" She envied me again later on when I had a most appalling brain case, and thought that I and several others were favoured, while she had only uninteresting cases. I am told she was a very good nurse; she may have been, but I for one should not like to be her patient.

I have never had the good fortune to meet a trained male nurse, though I have met several who were not. The last—a man named Lee—was a most interesting character.

Lee's patient was an old man with an incurable wound in his leg. I was nursing another member of the family, and frequently saw Lee's patient. One day he asked me to look at his leg, which Lee was just going to dress, so I waited with interest, curious to see how Lee would do the dressing. He first brought in a basin holding quite two quarts of lotion—carbolic—in which were two sponges. Over his arm he carried a very dirty towel; he placed these on the floor, splashing the lotion on the carpet, which he mopped up with one of the sponges, returning it to the lotion. Then he put some dressings on a table beside the bed; the table had tobacco ashes on it and was also dusty. He took off the old dressings and put them on the fire, poking the fire to make it burn up quickly. Then the dirty towel was placed under the leg, the wound sponged with the lotion and dabbed dry with the dirty towel, and the fresh dressing put on. I was asked what I thought of it, and was able to answer truthfully that I was surprised to see it looking so well. Another day I was in the room when the patient was washed. Lee brought in a huge sponge, mopped his patient's face, then held the sponge between his knees while he dried it; he next sponged both hands, returned the sponge to the knee position while he dried them. I suggested that he should have a basin, because he—Lee—might get damp and perhaps have rheumatism in his knees.

"I don't make the sponge wet enough for that, and he does not like a lot of fuss, so I never bring a basin in," said he. I sometimes met Lee in the garden, when he would talk about his patients. This one he had been with over two years; he had been confined to his room for nearly three years. "Seems a useless sort of life, but it is not if you look into it; because you see it keeps me in very good board and lodgings and £100 a year, so you see he is doing some good. And I think if you look for it you can find good in most things. Now take this war; even that is doing some good in ways you would never dream of. I have a sister who has tried most things in her time: she tried dressmaking, but could not do that; then she was cashier in a shop, but only stopped two days; she could not count correctly if she were worried, and if there were two people at the cash desk at one time she always gave them wrong change: she could manage if they came one at a time all right.

"Then she went out as a mothers' help and as housekeeper, and I think she has tried about everything and failed at them all. Then this war came along, and she went to the Red Cross

classes, and worked away like a nigger at it; she did a fortnight at the hospital, and now she is doing private nursing, and doing it well, too. You see she could not go into hospital and stop there for three years, because she is not strong enough; and it's not much good trying to nurse without going to hospital, because the patients or their friends are sure to ask which hospital you were in. They never ask how long, only which one. I always tell them I was in a hospital in New York, which is quite true: I was there as a patient though. I thought at the time that was rotten bad luck, but there was good in it after all; if it had not been for that illness I should never have thought of taking up nursing."

The patient and his friends thought Lee a marvel, and were not sure that they were doing right in keeping him, when he would be so valuable at the "front" nursing wounded soldiers. I told them someone must look after the wounded at home, so why not he? This seemed to satisfy them, and certainly Lee could do less harm there than at the front.

I met another male nurse once who sang in the village choir, played in the local band and in the local cricket team, he also sang at all the local concerts, was M.C. at the dances, held ambulance classes, also taught in a wood-carving class, looked after some score of little birds in an aviary, and in his spare time looked after his patient, with the help of the patient's wife and daughter.

I also know a woman nurse who is a very good second to this "Admirable Crichton." Her patient has nerves, and has been told to live an outdoor life. They have a cottage by the sea, and the patient and nurse—chiefly nurse—have made a very pretty garden out of what was formerly a cabbage patch. They even get prizes for their flowers at the local flower shows. They also breed dogs and chickens. They have won a few prizes with the dogs; the chickens are for use, and not for show. They also possess a couple of ponies, a carriage, a pig, and a cow. They have a man to look after these; he also chops wood and fetches coal. This man had an argument with another man one day, which resulted in two black eyes and a sprained thumb, so he went on the sick list for a week. Meanwhile nurse groomed the ponies, cleaned the stable and carriage, milked the cow, fed and cleaned out the pig. She had always driven the ponies and frequently helped to harness them when the man was not as quick as she wanted him to be.

Their one maid took on the wood chopping and coal carrying. Nurse was also housekeeper

and head cook—that is, she made all the pies, cakes, and puddings, leaving the maid to superintend the oven and pots.

But the thing I admired most was the sailing. They have two boats—one for rowing and one for sailing. The patient does the steering and nurse manages the sails, or if there is no wind nurse does the rowing. They won a prize for sailing at the regatta. Nurse also plays a good game at tennis, and does other odds and ends. She has nursed in Africa (North, South, and somewhere in the Centre), in North and South America, and is thinking of going to Serbia if her services are not required in France. She is on the Army Nursing Reserve.

M. H.

VALUABLE PREPARATIONS.

BOVININE.

A preparation which combines the properties of a food and tonic is a very valuable agent in the dietary of both sick and convalescents. Bovinine answers to both these tests, and should certainly be placed on the list of comforts supplied to hospitals and convalescent homes, where sick and wounded sailors and soldiers are treated. The agents are W. Edwards & Son, 157, Queen Victoria Street, E.C.; and special terms are given to institutions.

BENGER'S FOOD.

Benger's Food holds a distinct position of usefulness in the field of dietetics, and prepared with milk is an acceptable and nutritious addition to the diet of invalids and aged persons. It is supplied by Benger's Food, Ltd., Otter Works, Manchester.

LYSOL.

The value of Lysol as a germicide is well known to nurses and midwives; and there are few who are unacquainted with the squat-shaped bottle in an orange-coloured wrapper, in which Messrs. Charles Zimmermann & Co. present this valuable antiseptic agent to the public. Less widely known are "Lysoline," a hair tonic of considerable repute; and "Pascarel," an antiseptic liquid dentifrice, of which Lysol is one of the most potent ingredients. Both of these, and other toilet preparations, with a Lysol base, can be obtained from Lysol, Ltd., 9 & 10, St. Mary-at-Hill, London, E.C.

GOSPO.

The wise hospital and institution worker utilizes aids of proved value in the constant struggle to keep the domain in her charge immaculate. Such an aid is to be found in Gospo (supplied by Gospo, Ltd., 33, Waterloo Road, S.E.), which is most effective for cleaning marble, enamel basins, baths, tiled floors, &c.

PHILLIPS' MILK OF MAGNESIA.

One of the distinctive features of the present day is the dainty and pleasant form in which drugs are dispensed, and in Phillips' Milk of Magnesia we have a preparation which not only incorporates the medicinal properties of the solid forms of this valuable therapeutic agent, but presents them free from the disadvantages of less refined preparations.

Phillips' Milk of Magnesia (Fluid Hydrated Magnesia) is as an Antacid prescribed for a variety of purposes, thus it is superior to lime water for neutralizing milk, one teaspoonful being sufficient to neutralize a pint of milk.

Incidentally we may mention that the proprietors, the Chas. H. Phillips Chemical Co., 14, Henrietta Street, Covent Garden, W.C., issue a useful pocket card for the Home Modification of Cow's Milk for an infant from the first week of its life to the twelfth month.

Again, when there are an excess of organic acids in the circulation, as in gout and rheumatism, the systemic hyperacidity is neutralized by the use of this valuable preparation, thus tending both to prevent the cause, and to correct its results. It is also, in combination with other drugs, useful as a cooling and astringent lotion for the skin.

WHERE TO SHOP.

NURSES' UNIFORMS.

With the advent of spring sunshine, many nurses are conscious that the cloaks and bonnets which passed muster in the winter months need renewing; and it should be a point of honour with all members of the nursing profession to keep its symbol immaculate. In the spacious Nurses' Saloon in the establishment of Messrs. E. & R. Garrould, 150, Edgware Road, W., there is a wide selection of cloaks, bonnets and every detail of uniform, from which the most fastidious can make an appropriate selection.

THE MEDICAL SUPPLY ASSOCIATION.

The establishment of the Medical Supply Association, 167-173, Gray's Inn Road, W.C., is situated very conveniently near to a number of hospitals, and in the spacious show-rooms, many up-to-date appliances are on view. The Macdonald "Gold Medal" Steam Sterilizer—a speciality of this firm—is a general favourite.

DISPENSING FOR NURSES.

Continued success attends the Westminster College for Lady Dispensers, 112, St. George's Road, Southwark, S.E., and all nurses desirous of obtaining the valuable dispensing certificate should write for particulars.

A feature of this College, which was established in 1874, is that the Secretary (Mr. J. E. Walden) and his capable assistants give personal supervision to each pupil. The percentage of successful candidates is in itself a guarantee of the excellence of this institution, and success is achieved at most economical fees.

BOOK OF THE WEEK.

"THE MAN OF IRON."*

The man who gave the title to the book was Bismarck. "Richard Dehan" following the precedent of her previous works has chosen another great war for the bedrock of her subject. This last is a closely written volume of eight hundred odd pages, and though the story "does not pretend to be a volume of reference for the student of European History," and is to be read "merely as a work of fiction"; the history predominates and the fiction is only an agreeable padding of which we venture to say the average reader would like a great deal more. Lest it should be said that, published at this momentous period, it is at all pro-German in sympathy, the author tells us in the preface "that for the second time since this book's beginning the rose of July had flamed into splendid bloom. Since the War of Nations I see no cause to blot a line that I have written. For the Germany of 1870 was not the Germany of 1915." We take it, however, that had the book not been ready for publication before the declaration of last August, it would have insensibly taken a different colouring, if indeed it had ever appeared at all. The preface is something in the nature of an apology. The extracts which we quote refer almost entirely to the avowedly fictitious portion of the work.

Patrick Carolan Breagh, who figures largely, is introduced to the reader at the early age of six, when he is trying on his first pair of breeches.

On this unforgettable third of January his plaid frock had been taken off and to his infinite delight replaced by a little pair of blue cloth breeches and a roundabout jacket, amateurish as to cut, the nether garments displaying so little difference fore and aft, that it did not in the least matter which way you faced when you stepped into them, they were yet splendid only in Carolan's eyes. It was plain to Carolan that having once assumed the manly garments, no boy could be expected to put on those hateful petticoats again. In vain nurse and Miss Josey explain to him that the breeches were not completed and directed his eyes to the mute evidence of pins, chalk marks and yellow casting threads. He eludes their vigilance and hides under the table in his step-mother's sitting room in the married officers' quarters, and learns from a conversation between Captain Breagh and his step-mother the history of his life. That history is too long to tell. At twenty-three he had inherited and lost, by no fault of his own, a small fortune. Penniless, he visits his half sister Monica, in the Convent school and meets for the first time Juliette de Bayard.

"He has angry eyes with curious amber taches in them . . ." she thought, "and he looks dusty as a voyager after long travel . . . Not bien tenu as a gentleman should be. Living with the

* By Richard Dehan. William Heinemann, London.

Germans in Germany he has become indifferent to the *petits soins* of the toilet. I would rather put my hand in the fire than tell Monica! But for me, I find him horrible."

"Stiff, pale, proud little creature," Carolan mentally termed her. ". . ." How persistently she kept those long, thick, uncurling lashes down. One wondered rather what the colour of the eyes so concealed? Black or brown? Or—one had had a gleam of blue when for an instant she had looked at one; nobody cared—but perhaps they were blue."

After this beginning we are not surprised that the image of Juliette from henceforth was never far away from his thoughts. She was betrothed to the excellent Charles Tessier, whom she had never seen.

WOMEN'S WORK.

Our illustration is one of a charming series in the *Lady's Pictorial* of "Women's Work in time of War," which shows them at Studley College, Warwickshire, shearing the sheep, working in the flower garden, ploughing, and with the horses. Very happy they appear in fulfilling all these avocations—not least with the horses.

The inhuman treatment of British prisoners, even wounded men, by the Germans, of which official information has appeared in the press during the past week, has aroused a burning sense of indignation throughout the country. One can hardly be surprised that public opinion



WITH THE HORSES AT STUDLEY COLLEGE.

Madame, his mother, punctuated her sentences by a disconcerting click of the teeth. "Rest assured my little one that my Charles, who is to be thy Charles soon"—Madame's playfulness emphasised by the click was more than a little grisly, "is chagrined to the soul that he cannot be with thee here to-day."

Charles having allowed his mother to break off his original engagement to Mademoiselle Clarence, wrote to her as follows:

"Let her who taught my infant lips to murmur the beloved name of mother select for me some virtuous young girl upon whom I may confer the equally sacred title of wife."

Juliette after this no longer finds Carolan horrible, and he quite omits to remember that he ever dubbed her doltish.

H. H.

deprecates the pampering of German prisoners in country mansions in this country when our wounded, held prisoners in Germany, are made literally to bite the dust. Lady Templetown expresses in the *Morning Post* the outraged feelings of thousands of Englishwomen when she claims that the German Emperor should be made to understand that his life will be forfeit if our prisoners are murdered either by starvation or any other means. Lady Templetown considers it is time the British public made its voice heard in Mass Meetings on this question. If she calls such meetings we have little doubt what response will be made by the women of the Empire.

The White Paper issued on this subject should be in every woman's hand. The torture of the captive is an attribute of the savage.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

MOTHERS MUST PUT ASIDE THEIR TEARS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I enclose my subscription to your very useful BRITISH JOURNAL OF NURSING, and thank you for the kind notice on page 228.

There is indeed no comfort for a mother who has lost her dearly loved sons, but if we mothers do not put aside tears and do our duty—at any cost—to put an end to this unholy war, can we expect our sons to do it? Thanking you, and the British nurses for their kind sympathy,

Most sincerely yours,

Roma.

CONSTANCE GARIBALDI.

A GREAT LOSS TO THE NURSING PROFESSION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—I have just seen the notice of the nurses' detention. What can I say to express my indignation at this new indignity placed on trained workers. It makes me regret I ever trained and have spent nearly the whole of my working life training nurses. I now feel when engaging Probationers that I am taking advantage of their ignorance of life and industrial conditions. They are quite unaware of the competition they will meet at the end of their training—first the partially trained woman, and now the Red Cross worker (the latter is allowed by the Guardians of this parish to see a little surface nursing for 4 weeks—174 hours). The regular Probationer here has to train for 3 years, have 3 winters' detailed teaching, submit to test examinations, and at end a severe examination by an outside examiner before receiving a certificate of proficiency. The work is most arduous, the hours of duty very long, and many of the few off-duty hours have to be spent in study, writing out lectures, attendance at extra classes, &c., and at the end—what?

I have resigned my office as Matron here as a protest against the introduction of the Red Cross worker in the training school. I cannot help the partially trained woman being in competition, but I do not wish to be made to act as a "blackleg" to my profession by helping to send out the Red Cross worker as a sick nurse.

I wish to express my heartfelt thanks and gratitude for the brave stand you have always made for the recognition of the work of trained nurses, for the uplifting of the standard of nursing—all resulting in the better nursing and care of the sick and wounded.

I personally owe you a great debt of gratitude.

Yours sincerely,

FRANCES E. MARQUARDT.

St. Giles Infirmary,
Camberwell, S.E.

FINANCIAL OBLIGATIONS OF PRIVATE NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am glad to note from time to time that you express the opinion that nurses as a class are by no means avaricious, as I do not wish to give such an impression in the following letter, if you can find space for it.

Now that the Joint War Committee have decreed that £1 1s. a week is to be the price of a trained nurse so far as nursing in military auxiliary hospitals is concerned, and the War Office is to pay less in some institutions, a few remarks from a patriotic private nurse earning from £2 2s. to £3 3s. a week may be permissible, and I speak for quite a number of private nurses whose circumstances I know. Many of us would like to offer our services to our brave soldiers at half our usual fee, but we cannot afford to do so. And why? Because if we did those depending upon us would suffer.

I have been collecting a few reports from private nurse friends, and the following are obligations to which we are pledged:—I pay my parents £1 a week to keep them out of the workhouse. This sum pays their rent, rates, washing, coals and light. We have come down in the world, therefore I must deny myself the happiness of nursing the wounded as the Government has decided not to pay the market value for my services. Colleague No. 1 pays for the education of a young brother to fit him to earn an honourable living, she must therefore deny herself patriotic service. Colleague No. 2 has two orphan sisters, she is paying for their clothes and to learn type-writing.

A third has an invalid sister she helps to keep.

A fourth helps an invalid mother; and so on.

Added to which we have to pay heavy premiums to the Royal National Pension Fund to secure a few shillings a week when unable to work.

The Army Medical Service is issuing earnest appeals to trained nurses to staff the new military hospitals, and is flooding the training schools with short-term probationers to help in this emergency; it is announced that the shortage of trained nurses is so acute. But is it? It would be interesting to see what the response would be from the private nurses of the United Kingdom if the War Office offered them a wage which would enable them to fulfil their obligations to their own families. This could be done by paying for their services about one-fourth they offer to quite inexperienced medical men. If the shortage of nurses who are free to accept half-fees is really so great, then our country is quite rich enough to pay a just price for the skilled work of private nurses, when the comfort and recovery of our devoted defenders is at stake. Could you not help to have justice done in this matter?

Yours truly,

A PATRIOTIC PRIVATE NURSE.

[We sympathise greatly with those nurses who long to offer their services to our sick and wounded

soldiers, and who cannot afford to do so, owing to prior claims, and with those who resent a monopoly of their work by Committees which have cut down their earning capacity to one-half of its market value. We propose, therefore, to prepare a list of thoroughly trained private nurses who desire to offer their services to the War Office at the usual rate of £2 2s. a week. See Editorial Article on "The Trained Nurses' Economic League," page 309.—ED.]

PROBATIONERS AND WAR HOSPITALS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I beg to suggest that all probationers having had three months' ward training in the General Hospitals be allowed to serve for three to six months in the Military Hospitals, such time counting as part of the three or the four years' training, as the case may be. The Universities and Examining Boards allow students holding Dresserships in the Military Hospitals to count the time as part of their clinical instruction. The adoption of my suggestion with regard to nurses, therefore, brings the two branches of the profession into line; and, while the service would prove of great advantage to the sick and wounded, the experience gained by the probationers must add to their future efficiency.

Faithfully yours,

"SURGEON."

58, Portland Place, W.

CRIMINAL ASSAULTS ON CHILDREN.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Whilst acknowledging a debt of deep gratitude to Miss Beatrice Kent for her touching article on this subject in your issue of the 3rd inst., may I venture to dissent from her assertion (which has been made by other writers in other journals) that "this supreme evil is on the increase"? Careful, dispassionate investigation and questioning of those most likely to know, lead rather to the conclusion that more cases are brought to light than formerly and that the public conscience (though dull and callous still) has been rendered more sensitive to this vile evil. Experienced workers tell me that, although more cases are dealt with and brought to—what, alas! one cannot always call justice—there is a strong probability that the yearly number of offences has not increased and may have lessened. It is necessary also to distinguish between "indecent" and "criminal" assault. But in spite of such loopholes of hope the actual happenings are terrible enough and should come as a clarion call to Women. But as the best work for humanity should be done by Men and Women side by side, the Committee is a joint one, nor did it owe its origin to any particular Woman's Society. Rather does it look for co-operation from all who love the children of their country and who in

many cases have already done such lasting work in exposing this ghastly wrong.

Yours truly,

EVALINE HUTCHINSON.

Committee for the Prevention
of Criminal Assaults on Children,
The Bureau,
Leicester Square, W.C.

COMING EVENTS.

April 15th.—Central Midwives' Board, Monthly Meeting, Caxton House, Totlull Street, Westminster, S.W. 3.30 p.m.

April 20th.—The British Red Cross Society and the St. John Ambulance Association. Guildhall Meeting in support of the work. 3 p.m.

April 21st.—Address by Miss E. M. Pye on the Friends' War Victim Relief Expedition, Institute of Hygiene, Lantern Slides. 8 p.m.

April 23rd.—Guy's Hospital Nurses' League, Annual Dinner. 7 p.m. Annual Meeting, 8 p.m. Nurses' Home, Guy's Hospital, S.E.

April 28th.—Nurses' Missionary League. Annual Conference and Meeting. *Morning*, 9.45 to 12.30. *Afternoon*, 2.30 to 5. *Evening*, 7.0 to 9.30. University Hall, Gordon Square, W.C.

May 1st.—Matrons' Council of Great Britain and Ireland. Quarterly Meeting. 431, Oxford Street, London, W. 4 p.m. Miss Violetta Thurstan will speak on "Field Hospital and Flying Column." 5 p.m.

OUR PRIZE COMPETITIONS.

April 24th.—Describe the various kinds of fractures, and their complications.

May 1st.—Describe fully what help in diagnosis can be obtained from (a) the colour of a patient's face, (b) expression, (c) the eyes, (d) position assumed.

NOTICES.

Don't fail to read this week's editorial article.

We have received from Miss Scamell and Miss Bedingfield, of 55, Brompton Road, a copy of a correspondence between them and the Incorporated Society of Trained Masseuses, which will be published in our next issue. We are also compelled to hold over several letters of interest.

Candidates for the French Flag Nursing Corp, from the country can be interviewed by arrangement with Lady Barclay, 60, Nevcrn Square, London, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Friday, April 16th, and Monday, April 19th, from 2.30 to 5 p.m., to interview candidates. Candidates must be well educated and hold a three years' certificate of training. Fever experience is a great advantage. Nurses speaking French are preferred.

The Midwife.

A MOTHERLESS BABE.

A motherless babe is always an object of compassion, deprived of the mother love which is the sunshine in which it thrives; and of the nourishment which is vital to its existence. In civilized countries an artificial substitute can be provided; but in Central Africa the baby's life is usually in peril, for both milk and its substitutes are most difficult to obtain.

Our illustration, which we owe to the kindness of the Rev. Duncan Travers, Secretary of the Universities' Mission to Central Africa, is of Mtondoleni, a baby whose mother died the day he was born, on the far-away shores of Lake Nyasa. His great grandmother did her best to bring up the child, and African women are almost without exception very kind to children; but as she fed him on *pala*, a gruel made of flour and water, it is not surprising that the child did not thrive. Then, fortunately for the baby, his grannie heard that at the hospital of the Universities' Mission at Kota-Kota, the nurse would give milk to babies who had no mother; so she tied the child on to her back, and, with her husband, trudged off to Kota-Kota to beg for milk.

But it was impracticable to supply the milk, though the nurse would gladly have done so, as naturally if it were carried for a long distance in a tropical sun it would be unfit to use, so, finally, the old lady agreed to come into the hospital with the baby. That was how he got his name of Mtondoleni, which means "picked up."

At first old Achawo would not believe that the milk and water upon which the baby was now fed could possibly be sufficient for him, and surreptitiously gave him *pala*. Nemesis fell upon her when the child had convulsions, and she promised

not to offend again. After a time, with proper feeding and care, Mtondoleni became a happy and bonny baby. His dress, as may be gathered from the picture, consisted for the most part of strings of black seeds, gathered on the hills, which he wore round his waist, wrists and ankles. In the hot, vertical sun the little black bodies need no covering for warmth, and, as African babies, like those of other countries, have an unlimited propensity

for getting grubby, in his baby days Mtondoleni was happy dressed solely in his beads. When necessary water was poured over him from a native pot, and rubbed over him by a wet hand, then he had only to dry in the sun and the fine, dark, skin shone and glistened once more, clean and healthy, especially if just a suspicion of oil was used to complete his toilet.

In our second picture he is shown on the back of his aunt Mtomba, and this illustrates excellently the way in which African women carry their babies, either tied on their backs or seated on their hips, thus leaving both the mother's arms at liberty. Africa is a topsy-turvy country, and you are apt to think so when you go to pick up a baby and it puts out

its legs, instead of its arms to you, as invariably it does. But the baby is as cosy as possible, and for the mother the plan has obvious advantages.

Miss E. M. Pye will speak at the Institute of Hygiene, at 33, Devonshire Street, Harley Street, W., on Wednesday, April 21st, at 8 p.m. on the Friends' War Victim Relief Expedition, including the Maternity Hospital at Chalons. The address will be illustrated by lantern slides. Members of the National Union of Trained Nurses will be admitted free on showing their badges, and non-members on payment of sixpence.



BABY MTONDOLINI AND HIS NURSE.

THE FRIENDS' MATERNITY HOSPITAL, CHALONS.

Miss E. M. Pye, who this week vacated office as Secretary of the National Union of Trained Nurses in order to take up work as Matron of the Friends Maternity Hospital at Chalons, recently gave an account of the work to a meeting of members of the National Union of Trained Nurses and their friends at Weston-super-Mare.

The offer of the Society of Friends to send an expedition to France to help the civilian population was gratefully accepted by the French Government, and a party of men and women left this country in the autumn, the latter all being members of the N.U.T.N. The work was of extreme difficulty as it was in the Marne district, and villages and farms were in ruins.

The women and children were living huddled together under most insanitary conditions, in cellars and out-houses, and many of the patients were brought in from villages still under fire.

Miss Pye mentioned that she visited a hospital at Rheims where the Matron, a Frenchwoman, trained in this country, told her that she had had to clear up after ten different bombardments, and all the patients had been in the cellars for weeks. The only light and air available for the maternity ward came through the door.



MTONDOLENI WAS TROTTED ABOUT THE STATION.

MESSRS. ALLEN & HANBURYS.

When renewing surgical appliances, hospital stores, and necessities in the outfits of nurses and midwives, it should be remembered that Messrs. Allen & Hanburys have, at 48, Wigmore Street, W., a large selection from which to choose. It must not be forgotten also that the Allenburys' Foods are very valuable preparations for both infants and invalids.

MELLIN'S FOOD.

Amongst the preparations which have a widespread popularity, founded on the solid basis of practical experience of its utility, is Mellin's Food (Mellin's Food, Ltd., Peckham, S.E.), used for humanizing cow's milk, so as to suit the digestive power of children at various ages.

THE PREVENTION OF INFANT MORTALITY.

The National Association for the Prevention of Infant Mortality states in its Annual Report just issued that the stirring events of the year which have echoed throughout the world, have permeated every form of human activity, have acted and re-acted on the social and economic conditions of every country, and are reflected to a considerable extent in the year's work of the National Association for the Prevention of Infant Mortality. The War has helped to arouse the conscience of the nation, as perhaps nothing else would have aroused it, to a sense of the supreme importance and value of healthy motherhood and infancy. Social workers generally, from the heads of the Govern-

ment downwards have devoted much attention to the problem; State aid on a generous scale, in the shape of grants both from the Local Government Board and from the Board of Education, has been made available for municipal and philanthropic Infant Welfare and Maternity Centres, as well as for Day Nurseries. The Local Government Board has recently issued a circular with the object of organising a complete scheme, which includes arrangements for the following elements: the local supervision of midwives; ante-natal clinics for expectant mothers; pre-maternity beds in hospitals; skilled advice, if necessary in hospital, during

labour and the puerperium; treatment of infants at baby clinics, with extension of such treatment to children under school age, and home visiting of mothers and infants by doctors or health visitors. An unprecedented number of new welfare institutions for mothers and babies have sprung up; a great demand has arisen for training in mothercraft of voluntary and other workers, and this need has been promptly met by the Association. Further, the welfare work that not long ago began only with the new-born babe is now being systematically extended to cover the ante-natal period as well.

The Association has been active in working for these reforms, and for the betterment of the conditions of mothers and infants.

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EDITORIAL.

A NATIONAL STANDARD OF COOKING.

The efficiency of a nation depends to a great extent upon its physique, a notable instance of which is the splendid development of the Scotsman, who reared in pure air on porridge and oat cake has developed a hardness and endurance which has carried him to the ends of the earth, and a mentality which has enabled him to maintain his position with distinction. Nothing is more marked than the deterioration which is taking place when white bread and tea are substituted for the staple national diet.

The problem of maintaining those workers who are producing the munitions of war, whose efficiency is so vital to the nation, in a condition which will enable them to meet the strain upon their endurance is one which concerns not only abstemiousness from alcohol, but careful and nutritious dieting.

In this matter we have much to learn from our continental neighbours. While we have the finest food supply in the world, many, perhaps the majority of workers are poorly fed because their food is badly and unappetizingly cooked and presented, and there is no doubt that across the Channel there is not only a much greater knowledge of food values, but much more time is spent in preparing and serving nutritious food in an easily digested form than is taken by the average English woman. This has been endorsed quite recently by many nurses working in France who in writing home have mentioned the wholesome commissariat. In many English hospitals the cooking of food is crude, scamped and tasteless.

The same applies to food prepared for industrial workers, and we are in cordial

agreement with a proposition made in the press by Professor Howard Marsh that non-alcoholic buffets shall be established for their benefit such as have already justified themselves in numerous centres where soldiers are quartered, on the lines of those in which the services of the Y.M.C.A. have been of the highest value. Such buffets are not only popular but paying concerns, and Professor Howard Marsh maintains that what has been done in a large number of cases for soldiers, would be equally sound and beneficial in the case of men who are turning out war material, and doing other heavy work.

The provision of wholesome, appetizing, nutritious food is work of the very highest value, and those who understand the strain involved in constantly putting out strength realize that the only scientific way of meeting it is to supply nourishment, at frequent intervals, to meet the waste. Otherwise it is inevitable that the tendency will be to combat fatigue and exhaustion by stimulants, which are in no way a substitute for food.

As has well been pointed out, the oxidation of the food not only generates heat to keep the body warm, but also liberates the power or energy which enables the body to perform the work just as the combustion of coal in a furnace will produce heat and force to propel an engine.

It therefore behoves us as a nation to consider the food and the drink problem conjointly realizing how intimately they are connected. The more widespread is the adoption of a national standard of cooking, which it should be a point of honour with every individual to attain, the better. And in conjunction with this there should be an elementary knowledge of food values, and the principles underlying scientific catering and cooking which should be taught in every school throughout the country.

TYPHUS FEVER.

An article on typhus fever, by Dr. Edward C. Hort, F.R.C.P. Edin., published in the *British Medical Journal*, is of importance as well as extreme interest at the present time, as the following extracts will show :—

In epidemic form the disease has repeatedly accompanied and followed war, attacking the camp, the beleaguered city, and the retreating host with impartial malignity. This was particularly the case between the siege of Reading in 1643 and the Crimean campaign.

Its ravages in Serbia in the spring of 1915 defy description. On March 31st no fewer than 3,000 fresh cases were reported from Skopljë alone.

In times of peace, epidemics, till towards the end of the last century, were frequent in countries in which the disease held an endemic footing. Since the advent of the modern medical officer of health, epidemics of alarming proportions have become rare in all countries in which he has had a free hand. In no disease has modern sanitation in its early days won greater triumphs than in typhus, unassisted by bacteriological research or by a knowledge of the bionomics of vermin. "The history of typhus," said Hirsch in 1893, "is written in those dark pages of the world's history which tell of the grievous visitations of mankind by war, famine, and misery of every kind." The knowledge we now possess of the etiology of the disease makes clear the inner meaning of Hirsch's inimitable summary.

METHOD OF SPREAD OF THE DISEASE.

It has long been known that clothes play an important part in endemic centres and in epidemic outbreaks. The Spanish equivalent for the disease—*tabardillo*, denoting a peasant's cloak—speaks eloquently of the connection between clothes and typhus, and of the Spanish power of observation. It has also long been suspected that the connecting link between clothes and typhus was the presence of vermin, and as long ago as 1876 Murchison declared that to prevent infection with typhus it was essential that the body should be protected from lice. That Murchison's clinical observations were sound was amply confirmed by the experiments of Ch. Nicole, C. Comte, and E. Conseil in 1909, and by Anderson and Goldberger in 1910, who at the same time exculpated the bed-bug and the flea. As an illustration of the connection between endemic centres of the disease and epidemic outbreaks through the medium of vermin-infected clothes may be cited an experi-

ence during a study of the bacteriology of the disease in an epidemic in Ireland in 1914. It was found that between Glasgow, a well-known endemic centre, and a certain part of the West of Ireland, where the epidemic occurred, there is an extensive trade in old clothes, which can be bought by the peasants for a few pence; inspection of the clothes in an infected house showed large numbers of lice.

Lice, however, are probably not the only carriers of the infective agent of the disease, as was shown in 1914 by Hort and Ingram, who were able to reproduce in bonnet monkeys a disease which appeared to be a modified form of typhus by the injection of first cultures on human blood-agar of a minute coccobacillus recovered from fresh typhus urine. This organism, which is of a pleomorphic type, is small enough, as it occurs in the body fluids, to pass tested Berkefeld filters, and can often be seen in large numbers in the centrifuged deposits of fresh human typhus urine. These observations suggest that the urine of typhus patients may be highly infective, and independent confirmation of the infectivity of excreta from typhus cases was recently obtained by C. E. Burns. This observer showed that in the island of Eriskey, in the Outer Hebrides, an outbreak of typhus could be traced with considerable confidence to a recent disturbance of a midden which had been in use by a family all of whom had died of typhus several years previously. The possibility of the disease being conveyed by the urine of convalescing and of chronic typhus carriers has not yet been investigated, but there is little doubt that during an attack of typhus a patient is an acute urinary carrier, and that the latter shares with the louse the stigma of being able to impart the causal organism of the disease.

PREVENTION OF SPREAD OF TYPHUS.

The methods to be adopted in arresting the spread of typhus in a quiescent community are easier of execution than in the case of a community disturbed by war.

In times of peace the danger of infection by lice should not be considered as adequately provided against by the employment of the various parasiticides which are widely recommended for the destruction of the louse in clothing or on the skin. The reason for this is that the favourite habitat for the louse in body clothing is under the lining and in the pleats, where he is relatively protected, and a false sense of security is therefore created by reliance on ointments, powders, vapours, and the like. Whenever possible, all personal clothes, bed linen, mattresses, and so forth, from known cases of the

disease should be thoroughly heated, or, if practicable, burnt, and careful search for lice on the skin and in the hair should be made, and these precautions should be observed before admission to hospital. After admission to hospital careful watch should still be kept for lice, in order to be certain that none have escaped detection, and for each patient arrangements should be made for the direct discharge of urine into vessels containing a 1 in 20 solution of carbolic, or other efficient disinfectant.

Incontinence of urine in typhus is not uncommon in severe cases, and special arrangements to prevent infection from soiled linen must therefore be made. In quiescent populations, provided that the points referred to are rigorously insisted upon, there is no danger in attending typhus patients, as is shown by the remarkable immunity enjoyed by doctors and nurses in modern hospitals.

In times of war the difficulties of controlling the spread of the disease are greatly enhanced, and the reason, therefore, for wholesale destruction of infected clothing whenever practicable, and of disinfection of urine, becomes correspondingly increased. In dealing with grave epidemics such as are now ravaging Serbia, the first essential for successful control is an unlimited stock of hospital tents, which should be frequently moved, unlined clothing which will stand dry heat, and large galvanized tanks containing carbolic solution for the reception of infected urine.

DIAGNOSIS.

The most important points on which, when taken together, a positive diagnosis of typhus can be based are:—

1. The characteristic rash.
2. The smell of the skin.
3. A history of previous cases of the disease in the same house, especially if associated with lice.
4. The stuporous condition of severe cases presenting the rash.
5. The precritical fall of temperature.
6. The enormous relative and absolute increase in the large mononuclear cells in the blood.
7. The presence in blood films of the large diplobacillary and diplococcal organisms described by numerous observers.
8. Their presence also in fresh urine.
9. The presence in the centrifuged deposits of fresh urine of the minute Gram-positive, Gram-negative, pleomorphic organism described by Hort and Ingram.
10. The isolation and cultivation of the same

organism from the blood and cerebro-spinal fluid.

11. The results of injection of cultures of these organisms, or of fresh typhus blood, into *bonnet* monkeys.

TREATMENT.

The general treatment of typhus is that of any acute infective disease, and should be carried out whenever possible on open-air lines, due regard being paid to the avoidance of exposure.

Owing to the fact that previous to 1914 no satisfactory evidence was available as to the nature of the causative agent of the disease, specific treatment by vaccines or by antisera has not been possible for typhus. It is, however, not unreasonable to hope that confirmation of the etiological relationship to typhus of the organism described by Hort and Ingram will lead to the establishment of efficient protective, and possibly curative, methods of specific treatment.

OUR PRIZE COMPETITION.

DESCRIBE THE VARIOUS KINDS OF FRACTURES AND THEIR COMPLICATIONS.

We have pleasure in awarding the prize this week to Miss L. Aronovich, 2nd Western General Hospital, High Street, Manchester.

PRIZE PAPER.

Fractures are usually divided into two main groups: simple fractures, in which the bone is broken but no wound of the skin occurs, and there is no admission of external air to the site of injury; and compound fractures, where there is direct or indirect connection between the fracture and the external air owing to laceration of the skin or mucous membrane. In fracture of the base of skull one of the deeper air-sinuses may be opened up, and thus it becomes compound without any obvious external lesion.

Fractures are complete or incomplete according to the extent of the fracture, and according to whether or not the continuity of the bone is entirely interrupted. Complete fractures may be: (a) "Transverse"; (b) "oblique," usually due to indirect violence; (c) "spiral," when the force acts in a rotary direction as well as longitudinally; (d) "longitudinal," due to fissuring or splitting of the bone in its long axis, most commonly the result of gunshot injuries; (e) "comminuted," when the bone is broken into more than two pieces; (f) "impacted," when the broken fragments are driven into each other and become wedged; (g) "multiple," when more than one fracture exists; and (h)

"complicated," when there is also injury to important structures, *i.e.*, nerves, vessels, joints, viscera, &c. Of incomplete fractures there is the "green-stick" fracture, which only occurs in young children, and most often in those that are rickety. The bone is partially bent and partially broken, the fracture comprising the convexity of the curve, whilst the concave half is bent. "Depression" of the skull may be incomplete, whilst "fissured" fractures are frequently only partial. Spontaneous fractures, in which the determining force is barely, if at all, recognisable, are due to morbid conditions of the bones, either local or general, *i.e.*, sarcoma, osteo-malacia, &c., and also occur in patients afflicted with certain mental or nervous diseases. Separated epiphysis, a lesion occurring in patients under the age of twenty, is usually classified with fractures, since it demands similar treatment.

Complications.—Shock: This varies in intensity from slight faintness to immediate and complete prostration, insensibility, and even death, according to the severity of the injuries inflicted, the site of the wound, and age and sex. Delayed shock frequently occurs in cases of gunshot wounds.

Aseptic traumatic fever: This is supposed to be due to absorption of fibrin ferment taking place. It may, however, be due to some irritation, as of a badly fitting splint, and disappears on removal.

Septic traumatic fever: This is caused by absorption of toxins.

Delirium: This occurs in varying degrees. There may be active delirium, traumatic delirium, nervous traumatic delirium, and delirium tremens.

Hypostatic pneumonia: This may occur in fracture of ribs, and is likely to ensue in elderly patients, where the injury necessitates the recumbent position, as in fractured femur. As the patient is usually allowed to get up at an early date in the endeavour to prevent this complication, non-union of the fracture often results.

Bedsore: These are due to pressure and the general condition of the patient, but may be avoided in the majority of cases by careful and skilful nursing treatment.

Crutch palsy: This is the result of compression, and may affect all the nerves of the upper extremity.

Volkman's ischæmic contraction: This sometimes follows on fractures of the forearm and lower end of humerus. The fingers become flexed and clawed, and there is hyper-extension of the wrist. It is said to be due to splint pressure, but cases are recorded where no splints have been employed.

Gangrene: This may be the immediate effect of injury; it may, however, be the result of a too tightly applied bandage, or the subsequent swelling of a limb after the application of the bandage, or the result of localised pressure of a splint which has been insufficiently padded.

Acute emphysematous gangrene: This may occur in compound fracture.

The chief complications of compound fractures are hæmorrhage, injury from fragments, and sepsis. Sepsis may be local or general, *i.e.*, tetanus, pyæmia, septicæmia, &c.

There are also complications which arise only in association with certain fractures. To name but a few, there is traumatic arthritis associated with complicated fracture involving the joint, extravasation of urine with pelvic fractures, septic cystitis with fracture of the spine, traumatic epilepsy or insanity with simple depressed fracture of the vault of the cranium, and septic osteitis and suppurative meningitis with compound depressed fracture of the skull.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss H. W. Sutherland, Miss S. Simpson, Miss A. M. Owen, Miss A. Phillips, Miss A. McClure, Miss E. M. Streeter, Miss Dorothy Humphreys, Miss C. De M. Fraser, Miss D. Vine, Miss E. J. Shepherd, Miss G. Nash, Miss M. Rowntree, Miss E. A. Sorrie, Miss F. Sheppard, Miss H. Ballard, Miss H. M. Thirlby.

Miss H. W. Sutherland writes:—"Indirect violence is the most common cause of fracture. The bone, or a series of bones, exposed to violence gives way at its weakest point, though not in the immediate neighbourhood of the injury. Sudden contraction of the muscles of the leg to prevent a fall occasionally causes fracture of the patella."

QUESTION FOR NEXT WEEK.

Describe fully what help in diagnosis can be obtained from (a) the colour of a patient's face, (b) expression, (c) the eyes, (d) position assumed.

AUXILIARY HOSPITALS.

WAR OFFICE ANNOUNCEMENT.

The War Office announces that, owing to the establishment on a large scale of Military Hospitals, both for sick and wounded soldiers and for convalescents, it is not proposed to accept any further offers of private houses for auxiliary hospitals or convalescent homes.

We heartily congratulate the War Office on this decision, which is no doubt the result of the investigations which have recently been made into the management of these hospitals.

THE INTERNATIONAL COUNCIL OF NURSES.

A few weeks hence and, had it not been for this disastrous war, the nurses of the world would have been flocking in their hundreds to the Triennial Meeting of the International Council of Nurses. Alas! now Europe will be practically unrepresented at the business meeting of the Council, which will be held to maintain the continuity of its work at San Francisco on June 21st next. Miss A. Hulme and Miss B. Kent, who will represent the National Council of Nurses of Great Britain and Ireland, will convey our reports and greetings to San Francisco. They are promised a most cordial welcome and delightful time, which will be officially reported in this JOURNAL. A week is to be spent before boarding the Nurses' Train on June 9th, with Miss Dock in New York, and we just don't wish to think any more of that splendid trip from the Atlantic to the Pacific, as duty decrees its joys are not for us. *L'homme propose, Dieu dispose.* Veritably into the air have vanished all these lovely castles, anticipated with so much pleasure. Education Day, however, has not been abandoned, and in the beautiful Greek theatre at Berkeley on June 23rd some of the most distinguished nurse educators will take part in the programme.

It is the desire of the American Nurses' Association to bring the educational aims of the teaching body of our profession before the heads of seminaries, high schools, and colleges on this occasion.

The American Hospitals Association has accepted the nurses' invitation to be guests at the Education Session.

The beautiful Festival Hall within the Exposition grounds has been granted to the nurses for a great meeting on June 22nd. The Clift Hotel, close to the Exposition gates, is to be the nurses' headquarters. To all nurses able to forego that at San Francisco for "Nurses' week" we offer wishes for a delightful time. Ever optimistic, we are now looking forward to "Copenhagen" in 1918. Even subsequent disappointment cannot affect the joy of anticipation, and people with imagination have a gay time—in spite of problematical "rainy days."

Miss K. E. M. Dumbell, an American nurse, has prepared a most useful and interesting book of "Suggestions for the West Bound Traveler," entitled "California and the Far West." It is published by James Pott & Co., of New York, and will no doubt be in great demand in the United States and Canada.

NURSING AND THE WAR.

It is reported from Malta that the Governor's appeal for aid in nursing the sick and wounded has exceeded all expectations, and accommodation can now be found for several thousand patients. The chief difficulty is reported to be in finding trained or even half-trained nurses, as Great Britain can spare so few. The Governor is appealing to the women of Malta and Gozo, and it is hoped in this way to surmount the difficulty. The nursing of the sick and wounded from the Dardanelles and elsewhere can only be adequately met by the provision of an adequate number of trained nurses. As Lady Methuen is at home we hope she will engage a supply of trained nurses and send them at once to Malta.

We are informed by a leading London surgeon that before deciding the salaries of trained nurses to work in auxiliary military hospitals, the War Office consulted some of the London hospital Matrons, who stated that £1 is. a week was ample remuneration! It would be interesting to know who these ladies were. We repeat that the War Office should have consulted the organised Nurses' Associations. As their members have to do the work, they should have had an opportunity of expressing an opinion. The surgeon alluded to realises that if young medical students recently qualified are to receive 24s. a day, or £8 8s. a week, it is very 'unfair that experienced, skilled, certificated nurses who have to work much harder than these young doctors, should only receive one-eighth (and often less) of that sum.

Dr. W. J. de Courcy Wheeler, F.R.C.S.I., of Dublin, has been discussing in the Press the best means of meeting the shortage of nurses for military hospitals. He considers that the resources of the nursing organizations are by no means exhausted and that all hospitals, nursing co-operative societies, and nursing institutions should be circularised and enquiry made (1) as to the number of fully-trained nurses the particular institution could supply for the period of the war, on terms to be arranged, and on the same conditions as they are at present supplied to the public, and (2) the number of probationers of over one year's hospital training who could be liberated until the end of the war, their training in military hospitals to count as part of their three years' course. The members of Voluntary Aid Detachments would then be drafted into the civil hospitals to replace them.

Sister Bow, R.N.S., has just returned from six months' service in France. She writes:—

"Twelve beds in a villa, at Deauville, a seaside resort which is ordinarily one of the most fashionable in the world, but in time of war empty, save for wounded, and miles away from the front! It does not sound very exciting, and yet some necessary work has been done there.

I had been ten days nursing the wounded at the Casino, when it was suggested that a hospital for isolation would be indispensable in a very short time, as no provision had been made for the arrival or outbreak of contagious disease.

My first visit to the Villa revealed a house absolutely empty except for beds and a cupboard of linen, and it fell to my lot to make out a list of every article required for this new installation.

Even before the cooking utensils, dishes, and cook, &c., arrived, and at the same time as some of the furniture, four typhoid patients appeared on the scene. Luckily they required only milk, or they might have fared badly that day.

My work was entirely amongst typhoid patients for three months, and then, as a "Salle" had been arranged specially at the Casino, the Villa was to be reserved for other infectious diseases. Thus, when I left Deauville, the patients of the Hôpital Marie Anne, including French, Belgians, and Algerians, were suffering from: Measles 2, typhoid 3, erysipelas 1, syphilis 4, and tuberculosis in advanced stage 1. One could thus almost spend a day in disinfecting one's hands alone.

By degrees, and with the aid of the Mayor and our own friends, the house became more complete, the patients had more comforts, and the three rooms of the English nurses became furnished with chest of drawers, wardrobe and rugs which people gave from their own houses.

The two nurses left each morning at 7 o'clock for the Casino, where they worked all day, thus leaving me alone in the Villa with the help of an orderly, who made a really most excellent probationer-and-learned quickly. This "infirmier" did the night work every second night in turn with me, calling for aid if necessary.

But six months of this constant, single-handed

work calls for much strength and endurance, and though indeed sorry to say good-bye to my "malades," I was glad to leave them in the hands of a fresh and enthusiastic nurse."

A Sister who is nursing typhoid in France writes: "We are all very interested in the totally different treatment of typhoid here, which is utterly opposed to the teaching we have had. The cases do well, however, and we think there is much to be said in the matter of not enforcing absolute stillness on typhoids. Here they move about as they like, and they do not

seem to suffer in the same way as in England from extreme weakness and delirium. Then they each have a jug of milk and one of tisane beside them, and they help themselves, which they generally do willingly, so again it is not a case of forcing two hour feeds on reluctant patients. Besides the milk which they get hot twice daily, they have coffee in the morning, soup at 11 a.m. and 5 p.m., and tea at 3 p.m. The treatment when the temperature is high consists of tepid baths, generally five daily, lasting about 10 minutes, followed by a hot drink each time, aperients regularly when required. They get out of bed to use specially constructed "seaux."



THE VILLA, HÔPITAL MARIE ANNE.

and there is a nice warm mat beside each bed, as they wear neither dressing gown nor slippers. Hypodermics of huile camphrée are used freely, many cases having it twice daily. The majority have some chest trouble, either slight bronchitis or a slight pneumonic condition. Cupping is frequently ordered, also painting with iodine, mustard plasters, and poultices. Patients always sit up to be sounded. We had a case of bad hemorrhage recently. He was given ergotine hypodermics, ordered an

ice-bag on the abdomen, and hot drinks. In spite of a recurrence of hæmorrhage several times he is now getting better. The patients are well and kindly treated, and though the infirmières have long hours and often look tired, there is never any rush of work, and I am sure the atmosphere of quiet and comfort is most soothing to the patients." We also are sure of it. See how an animal creeps away to be alone when sick. The less fuss in a sick room the better. We well remember an old Sister at Bart's expressing the opinion upwards of thirty years ago that an abdominal patient "was being nursed to death—special room, two special nurses, staff nurse, Sister, surgeon, resident, fuss, fuss, fuss. I should like to shut 'em all out and give 'er a chance." That was in the early days of ovariectomy. Now we know how wise that old Sister was. We fuss over such cases no longer.

A writer in *Pressé Médicale* states that:—"Experience had convinced him that the constant application of an ice bag to the abdomen answers all the purposes of cold baths while it leaves the patient in peace. The abdomen is covered with a thick layer of talcum powder, then a thin flannel. Over this is placed a large bag of ice, not filled full on account of the weight, and with the air carefully expelled, so that it will be limp and fit to the surface below. This is held in place by a folded sheet, as a bandage is apt to roll up and slip. If the skin looks purple anywhere, the ice is suspended for a few hours. The bag does not need filling oftener than once in two hours and one-half. The patient drinks as much as possible up to four or five litres. This includes boiled milk, flavoured with tea, coffee or alcohol. After each cup the mouth is rinsed with an alkaline solution and a mouthful is swallowed. Equal parts of glycerine and Vichy water are used to cleanse the gums and pharynx and a few drops of camphorated oil are placed in each nostril."

Owing to the rush of untrained women posing as nurses to Belgium and France, the Governments of these countries fear that many spies get through, and have been responsible for conveying information of value to the enemy. They are anxious, therefore, that the utmost care shall be exercised by those selecting nurses. A Sister writes from France: "I am glad to belong to an all-British Corps, and that no foreigners, even from neutral countries have been permitted to join us. The doctors here are most emphatic upon this point, and think it has been very unwise upon the part of committees in England to send foreigners (often because they speak French) to nurse in France, and they greatly resent all and sundry rushing about near the trenches on 'joy rides.' Now we have the utmost difficulty in moving from place to place, and rightly so. The French doctors argue that so long as men from neutral countries don't fight for them they have no wish for their women

folk to come and nurse them—or spy upon them, as the case may be."

We hear great praise of the Australian Hospital at Wimereux. One General in inspecting it said it was waste of time, as everything was so clean and in perfect order—"you could eat your meals off the floor." The hospital takes 200 patients, and tents have been placed in the grounds in preparation for an increase of wounded. A friend of the nurses there writes: "It is aggravating to think that most of the men in the Australian unit get much more pay and much less work than the Sisters do. Even the dispenser's assistant who is doing what any nurse could do, gets much more than the highly skilled certificated nurses. Could not this be brought to the notice of Lady Dudley, the Lady Superintendent, who has a lovely little villa close by?"

We hear how much the beautiful Rest Home for Nurses run by Lady Gifford at Hardelot is appreciated by tired nurses, and there is a room set apart for Australian nurses where they are most hospitably entertained—breakfast in bed being a luxury keenly enjoyed.

Miss Nora Fletcher, Principal Matron of the British Red Cross nurses in France, who has been in England for a short time, returned to her post last Tuesday. She appears to be much appreciated and to have won golden opinions from the Sisters and nurses whom she supervises.

A cheque for £2,000 has been received by the chairman of the Executive Committee of the Canadian Red Cross organisation from Mr. A. D. Miles, President of the Canadian Copper Co., of Ontario. This generous donation will be expended in aid of the scheme of the St. John Ambulance Association, which is endeavouring to send to Europe a number of qualified Canadian nurses who have had three years' experience in hospitals and the services of whom are urgently required at the front at the present time. By means of this munificent subscription no less than twenty more trained nurses will be sent from Canada at an early date.

Some of the women teachers in the London County Council schools have caught the war fever and are anxious to volunteer for War Service—of course, as nurses. Our advice to such teachers is to stay and do the work in which they are trained and efficient, and not to swell the Army of the untrained who just now are clamouring for hospital training.

RELIEF FUND FOR WAR NURSES.

The total subscriptions to the Queen Alexandra Relief Fund for War Nurses received to and including Tuesday, the 20th inst., exceeded £8,500; during the past week the principal contributors have been the Prudential Assurance Company £210 and the London City and Midland Bank £105.

FRENCH FLAG NURSING CORPS.

Of the four members who left for France on the 13th inst., Sister Sainsbury has been sent to Bergues to help to nurse typhoid, and Sisters Addison, Banks, and Giles are on duty at Besançon, where Sisters Robb and Berry are already at work.

We note it announced in *Kai Tiaki* that service with the French Flag Nursing Corps is entirely voluntary. This is a mistake. The emoluments are as follows: Salary £40, uniform £1, board, lodging, and travelling expenses paid by the French Government. This rate of remuneration, which may be considered as out-of-pocket expenses, enables many well trained nurses to offer their skilled services to the sick and wounded of our Allies, who otherwise would be compelled to remain at home. It is not of the same significance from an economical point of view as if this salary was decided by the English War Office, as no nurse need accept it unless she chooses, and the market value of skilled nursing is not affected as it is when our own Government decrees that half fees only shall be paid to volunteers for the nursing of our sick and wounded soldiers in State institutions.

Miss Lilian Miller, cert. London Homœopathic Hospital, Miss May M. Weir, cert. Royal Infirmary, Glasgow, Miss Charlotte E. Browne, cert. City and County Infirmary, Derry, and Miss Elizabeth Fleming, cert. Cumberland Infirmary, Carlisle, left London for France on Thursday, April 22nd.

A very large number of applications for service with the F.F.N.C. have been recently received, and the statement made in a pseudo-nursing paper that no more nurses are to be sent to France is absolutely inaccurate.

A BATTLE ROYAL WITH DISEASE.

Sir Thomas Lipton in an urgent appeal for help for Serbia now fighting not only the enemy, but the deadly power of typhus, with totally inadequate forces, writes of the doctors and nurses at work there:—"Day and night, while we work, rest or sleep, these men and women are ever fighting death. With courage as great as that of our soldiers who hold the trenches in Flanders against the Huns, they are fighting an awful but invisible foe. I have seen these wonderful

people at work. I am proud to call many of them my friends. I saw the happy confidence of these doctors, and nurses who sailed with me in the *Erin* from England to Macedonia on the way to Serbia. They realised they were about to pass into a country of misery, of wounds and disease—a country from which many might not, and some would certainly not return. In rude hospitals, hundreds of miles from luxurious homes that they willingly left, they are doing their work."

Of the confidence of the Serbian people in the help of Great Britain, Sir Thomas writes that he told them he was sure that when this country knew their need the response would be instantaneous, and adds:—"I am



SISTER DOROTHY SAINSBURY. F.F.N.C.

now carrying out my pledge to the noble people who are fighting our battle in the Balkans; the people who are keeping hundreds of thousands of soldiers from attacking the armies of England, France, Russia and Belgium. I am about to take the *Erin* back to the Near East, and I hope to take it filled with much that the Serbian nation so sorely and urgently needs."

The Red Cross Society has co-operated with all the other British organizations in the appointment of Sir Ralph Paget as Chief Commissioner in Serbia.

AN INTERVIEW WITH MISS GRAY.

The exigencies of the War have brought to this country many of our colleagues from our Empire Over Seas, inspired with the love of the Mother Country, which impels them to hasten to her aid. One of the latest arrivals is Miss Ethel Gray, Matron in the Australian Army Nursing Service, who, with five Sisters, Miss L. Pratt (Senior Sister), Miss H. Chadwick, Miss E. Mills, Miss M. Hayes and Miss R. Kidd—all fully certificated and members of the Royal Victorian Trained Nurses' Association—have come from Australia to staff the Convalescent Home, Harefield Park, near Uxbridge, given by Mr. Billiard Leake as a Convalescent Home for sick and wounded Australians, and equipped by the generosity of the Commonwealth. The Medical Officer, Captain Southey, is expected to arrive shortly.

I found Miss Gray in the pretty sitting-room, placed at her disposal by Miss Cave, the Lady Superintendent of the Kensington Gardens Club, at 57, Kensington Gardens Square, S.W., where she is at present staying; the other Sisters, with the exception of Miss Kidd, are now happily at work at the Royal Victoria Hospital, Netley, and appreciative of the opportunity of an insight into English military methods.

The uniform of the Australian Army Nursing Service is both distinctive and becoming. It consists of a grey serge gown for the Matron, with chocolate-coloured cuffs, and a scarlet cape—similar to that worn by the Sisters of our own Military Nursing Service, but differing slightly in shape. When on duty Miss Gray will wear grey zephyr. The Sisters also wear a grey zephyr gown, with two chocolate bands on the cuffs, and the red cape. The large silver buttons, with the letters "G.R.," are both distinctive and handsome; and the cap is that worn by our Military, Reserve and Territorial Services.

The badge of the Service which, by the kindness of Miss Gray, we here reproduce, has as its centre a red cross worked in silk, enclosed in a circle in which are the words, "Australian Army Nursing Service," and in a wreath of leaves, worked on the Matron's badge, in silver wire and on the Sisters' in silk; the whole is surmounted by a Crown. It is worn by the Matrons on the right fore-arm, and by the Sisters above the elbow. The out-door uniform consists of long grey coats, and a grey bonnet, with a chocolate band beneath the grey brim.

Both Matron and Sisters wear a silver brooch, which has a crown as its centre, behind which is the rising sun, and inscribed upon a scroll, the words, "Australian Commonwealth Military Force."

Miss Gray who, when she left Australia, was Matron of the Perth Hospital, in Western Australia, was trained at the Melbourne Hospital, first under Miss M. D. Farquharson, of whom she speaks with admiration; and then under Miss Amy L. Burleigh, by whom she was promoted to the position of Sister; and remaining in all for twelve years, latterly with Miss J. Bell, well known to many nurses in both England and Scotland.

It is an interesting fact that Miss Farquharson was an Hon. Member and Miss Burleigh and Miss Bell have been members of the Matrons' Council of Great Britain and Ireland—so small is the world, and so far-reaching the influence of the Matrons' Council.

The Perth Hospital, of which Miss Gray is Matron, as she has had leave of absence for her present work, has, with a Branch Hospital under its jurisdiction, over 300 beds; it is, therefore, an important training school.

The Australian Army Nursing Service, of which Miss Gray is a member, includes Miss Gould and Miss Bell as Principal Matrons, both of whom went with the contingent of 161 members of the Service to Egypt. The latest news of Miss Gould is that, with some of the Sisters, she has gone to the Dardanelles, to help to provide the nursing

staff, which it is anticipated will be required shortly.

In each of the States in Australia the Military Nursing Service has a Matron or Matrons; it also includes Sisters and Staff Nurses. The members, who are, of course, all fully-trained and certificated, have to attend a special course of lectures before entering the Service. They provide their own uniform in time of peace, but if they go on active service the money they have expended is refunded.

The voyage from Australia was without exciting incident, but Miss Gray describes the passage through the Suez Canal as very interesting. The ship passed close enough to the shore to permit their seeing the wire entanglements which protected it, and for passengers to throw oranges to the Indian troops stationed behind them.

Nursing organisation in Australia has, as our



BADGE OF THE AUSTRALIAN ARMY NURSING SERVICE.

readers know, attained a high level of efficiency through the voluntary associations of nurses, but they are still working, and hoping, for Registration by the State. It is also instructive to note how important it is that there should be uniformity of standards in the United Kingdom and the Dominions beyond the Seas. Thus the Royal Victorian Trained Nurses' Association, of which Miss Glover (another member of the Matrons' Council) is now President, is unable to recognise the certificate of the Central Midwives Board, as the Board only insists on a period of three months' training, whereas the R.V.T.N.A. requires six. There is, however, a probability that this difficulty will be overcome in the near future by the adoption of the six months' term of training by the Central Midwives Board.

The more recent developments of nursing in Victoria are the Bush Nursing Scheme, which is now beginning to take root, and Visiting Nursing, which Miss Gray considers has a most useful future before it. 'Miss Primrose, who was the pioneer of this work, is now known as "The Lady with the Car," as she has set up a motor car which takes her quickly to her cases. Many others use bicycles. As in this country, the engagement of a private nurse is a heavy expense to middle class people, and there is the difficulty of lack of accommodation. When, therefore, the whole-time service of a nurse is not needed, or cannot be afforded, the visiting nurse is very welcome, and increasingly in demand.

Miss Gray and her unit are under the general direction of Sir George Reid, the High Commissioner for Australia, and more immediately under that of Major Norris, with whom Miss Gray is at present working at the office in Victoria Street, S.W.

THE COLONIAL NURSING ASSOCIATION

Among the passengers on the torpedoed liner *Falaba* were two nurses belonging to the Colonial Nursing Association. Both were proceeding to take up their duties in West Africa—one returning to the Gold Coast after a holiday, the other on her way to the Cameroons for service under the Expeditionary Force. As we reported last week, the former (Miss Winchester), was unfortunately drowned; the latter (Miss L. Bell), trained at the Brisbane Hospital, was rescued in the captain's gig, and eventually returned to London, and reported at the Colonial Nursing Association, at the Imperial Institute. Both nurses were on deck when the captain gave orders for the launching of the boats, but Miss Winchester returned to her cabin to fetch her valuables, and so went down with the ship. Miss Bell lost everything she possessed, but we are informed that, so far as possible, the Colonial Office has replaced all she has lost. With commendable courage she sailed again on Saturday. We wish her an uneventful voyage and a safe return. She evidently possesses the qualities necessary for war nursing.

THE CARE OF THE WOUNDED.

The Pacific Coast Journal of Nursing gives a glimpse of the beauty and extent of the Panama Pacific International Exposition at San Francisco. The site is, of course, unique, and everything which art can contribute has been expended to add to the splendour of the *tout ensemble*.

The American Red Cross has presented a very complete and instructive exhibit. There are realistic scenes of its work in the field, in camp and hospital, and the Red Cross Nurse (a thoroughly trained, diploméed official in America) is shown by life-sized wax figures, in field hospital uniform, rural nursing dress, and summer and winter travelling costume.

The Japanese Government has one of the most attractive exhibits along these lines at the Exhibition, showing in detail how the wounded are cared for in the field and under fire. The exhibit is made vividly realistic by the use of perfect wax models. Everything is perfect, down to the field telephones used for communicating with the chief surgeons, base hospitals, and the hospitals which are far removed from the scene of action. These exhibits show the remarkably clear manner and uses of the latest and most modern surgical appliances, the various forms of sterilization. The dressing of wounds is demonstrated by the use of wax figures, showing clearly the care with which the wounded are handled. The very minute apparatus carried in the wonderful "kits" of the Red Cross workers is exhibited, showing the use of each, even down to the patent magnet used for extracting particles of steel from the eye and saving the sight. The Ambulance Corps are shown demonstrating their part in the humane work of succour to the wounded and consolation and comfort to the dying. The automobile ambulance is playing a great part in the rapid conveyance of the more seriously wounded to the base hospitals, where the best surgical attention can be given, and the literature distributed by the American Red Cross bears ample tribute to the aid given by the motor car.

A particular feature of the American Red Cross exhibit is the use of anaesthetics on the battlefield. Several other foreign nations will install exhibits, and in a short period the Red Cross Societies of the world will be represented at the Exposition.

Mrs. Barclay Warburton, of Philadelphia, has sent to the American Red Cross Society in Paris the most up-to-date and luxurious war ambulance in the world. It contains tanks for hot and cold water, a complete hot-water heating apparatus, drawers and compartments for medical and surgical supplies and instruments. It has room inside for six wounded men in hangers and for eight who may sit in comfortable chairs.

Dr. Carrel, a distinguished American surgeon of note, who was spending his vacation in France when War broke out, immediately offered his

services to the French Government, which were accepted. He was detailed to the military hospital at Lyons, and in view of the research work he has done with reference to injured blood vessels and nerves, the wounded suffering from this class of injuries were referred to him; and by the application of the method he has discovered for suturing and transplanting blood vessels and tissue, it has (says *The Modern Hospital*), been possible to save limbs which would otherwise inevitably have been lost. Dr. Carrel has now been given special facilities as near as possible to the line of battle; and Miss Catherine Lilly, head nurse of the department of surgery in the Rockefeller Institute for Medical Research, has gone from America, with a detachment of thoroughly-trained Red Cross nurses, to Compiègne, to assist him in the hospital provided for him by the French Government. For this purpose, an hotel has been requisitioned, with accommodation for 100 beds; and the Government will provide administrative officers, leaving Dr. Carrel free to perform his characteristic operations, and to conduct the laboratory studies which are about to be undertaken. In order that this work may be of the greatest effectiveness, not only at the moment, but also to the world of science, the Rockefeller Institute is equipping the hospital with complete apparatus for research in the bacteriological, pathological, chemical, and surgical conditions, which may arise. Associated with Dr. Carrel will be Dr. H. D. Dakin, a distinguished chemist.

In consideration of the circumstances of the present time, arrangements have been made for cases of cerebro-spinal meningitis and also of any other infectious fever, or smallpox, occurring among the troops quartered in or near London to be admitted into the Metropolitan Asylums Board's hospitals, as far as the available accommodation will permit.

The need for hospital provision for the sick and wounded expected in the country shortly still continues, and the Lewisham Infirmary; the Brook Hospital, Shooter's Hill, and the Orchard Hospital, Dartford, Kent, under the Metropolitan Asylums Board, are amongst those which will be utilised for this purpose.

From the American Journals, medical and nursing, it is obvious that Germany has made very thorough preparations in connection with its medical, nursing and ambulance arrangements; and the Hamburg Red Cross Society has provided a hospital train which claims to be the most perfect ever constructed. It is quite obvious that for many years, the military department has been making preparations for war with great thoroughness.

The University of Alberta has offered to the Militia Department a base hospital of 250 beds, for service either in France or England.

DIEPPE.

I—A PREAMBLE.

Life is full of contrasts, and the events of war follow each other so quickly that it is impossible for me now to relate how I was first destined for St. Malo, went to Calais, and finally landed at Dieppe.

The horrors of war are comparative. Had I not been at Calais during the hottest days of the battle of the Yser I should not have considered Dieppe as a haven of rest and a golden nest of luxury, nor would I have understood the mental condition of those patients who, being less dangerously wounded, were sent on to us. *Muddy . . . wounded . . . bleeding . . .* How impressive for the public and for those who only see what meets the eye.

Those of us who nursed the French and Belgians and looked into the minds and souls of the patients saw more. We saw deep bleeding heart wounds, and we realised the mud of insults, of moral indignities which had been inflicted on their souls and minds. Yes, there was more to be done than to swab and bandage their wounds and wash the mud off their clothes.

Our men are heroic. They have fought on unknown soil side by side with Allies whose language they knew not; they have fought not one to two, but at times one to seventeen. They have been blown down and continued under the fire of hell, and they have suffered patiently through the dark, dreary winter months of trench life, which have seemed like the Eternity of Hades—but the torture of our French and Belgian Allies has been greater.

They have seen their homes burnt down, their women polluted, and their children maimed and killed. Of the destruction of their universities, cathedrals, and works of art we will say nothing, as those are the common loss of civilisation. There is no need to recapitulate. I simply refer to these facts, because I wish to emphasise the extra need of psychological nursing which our Allies required—apart from the material help which, being invaded, they needed.

In many ways Dieppe responded to these requirements, as it was at some distance from the seat of war, and on the direct route to Rouen and Paris. Dieppe possesses a fine esplanade, bordered on either side by two beautiful cliffs. To the right stands the old citadel and castle (which was destroyed by the British and Dutch in 1694, and is now being restored by us), to the left a church and semaphore.

All the hotels were requisitioned by the State and turned into hospitals. Unfortunately, Dieppe is a summer resort, and the central heating only reached the reception rooms and one or two floors above, thus making hundreds of bedrooms unavailable for use. It was strange seeing Algerians, Moroccans, and jet black Senegalese sharing alike with the French and Belgian wounded the gorgeous bedsteads in the highly decorated

reception rooms, now turned into wards. It is nice of the French to do it, and to treat all their soldiers on the same footing, but one wonders whether the British plan of giving the Indian troops their separate hospitals, and meeting their customs and requirements, is not wiser and more comfortable for both sides.

One gigantic Senegalese admitted that in his country they kill their enemies and eat them. On leaving he shook hands with the doctor, saying in broken French (they have no p's in Senegalese) "Toi venir mon bays, moi bas manger toi." This was by no means reassuring to the French patients and doctors, who had seen several men of these African tribes arrive with the enemies' heads in their bags, and their ears sewn up the length of their trousers in rows.

and things came to such a pass that they had to be closed.

The *Collège*, a large boys' school which faces the Quay and a dirty street, consists of the headquarters of the *Hôpital No. 37* with its many "annexes," such as the *Métropole Hotel*, the *Grand*, &c. Apart from the administrative offices, laundry, dispensary, &c., it has been turned into a big hospital.

This is where some of the Germans who were wounded at Senlis in the battle of the Marne at the beginning of September last were brought. They were all very bad cases, and had been left on the battlefield for days before the French found them.

At first the French ladies were very kind to them, but when the horrors perpetrated



GRAND HOTEL AND PRIVATE HOSPITAL. DIRECTRICE—MISS E. R. WORTABET.

In the fire of the battlefield many things must pass unperceived, but I was always so sorry for the good class Frenchmen who, as *simples soldats*, had to share the close proximity of a bed in the same ward as "all sorts and conditions of men." One simple-minded peasant, whose knowledge of sanitation was limited to village life, was discovered in the fine hotel lavatory, having a good wash. The trig had been pulled, the water was clean, what more did anyone want?

But it was not only the great hotels that had been requisitioned and adapted as hospitals. Many of the smaller ones were taken, and alas in these sanitary arrangements were lacking,

on the civilians at Senlis were known, naturally a reaction followed. English nurses then came forward, and not having been equally tried were able to nurse them more equably. The French are quite chivalrous enough to treat with kindness the wounded enemy, but they naturally recoiled from enemies that had not fought and behaved like soldiers.

EDLA R. WORTABET.

The Editor's post-bag has now assumed such dimensions that she must ask correspondents who, desire a reply to their letters to enclose a stamp for postage. It is impossible otherwise to deal with the mass of correspondence which finds its way daily to the editorial table.

JOINT WAR COMMITTEE.

The following nurses have been deputed to duty in Home Hospitals :—

Graylingwell Hospital, Chichester.—Miss Jessie R. Johnston.

V.A.D. Hospital, Ockbrook, W. Derby.—Miss A. A. Hannon.

St. John's Hospital, Abbeydale, near Sheffield.—Miss E. E. Sharpe.

Highclere Castle, Newbury.—Miss Ellen Young.

Kempston Hospital, 3, Granville Road, Eastbourne.—Miss Lydia Arnot.

The Hospital, Hornsea, Yorkshire.—Miss F. Joseph.

Red Cross Hospital, Louth, Lincs.—Miss K. O'Neill.

V.A.D. Hospital, Clitheroe, Lancs.—Miss R. Chadwick.

Durham V.A.D. Hospital, Brancepeth Castle, Brancepeth.—Miss E. Gallop.

V.A.D. Hospital, West Hartlepool.—Miss M. Nicoll.

Newton Park, near Bristol.—Miss A. R. Littlewood.

Loversal Auxiliary Hospital, Doncaster.—Miss J. S. Holmes.

Graylingwell Hospital, Chichester.—Miss M. Sykes, Miss M. F. Allan, Miss G. J. Smith, Miss G. M. Aldridge.

St. Matthew's Hall, St. Mary's Road, Willesden.—Miss M. Pittaway.

V.A.D. Hospital, Arnot Hill, Daybrook, Notts.—Miss D. Windley.

Catall V.A.D. Hospital, Whixley, York.—Miss Cattle.

Temporary Hospital, Exeter.—Miss I. Gooch.

Hospital for Sick and Wounded, Christchurch, Hants.—Miss Cockburn Hughes.

Spalding Hall, Victoria Road, Hendon.—Miss A. M. Stevens.

Thorncombe Military Hospital, Bramley, Surrey.—Miss B. A. Hope.

Western House, Odiham, Hants.—Miss K. M. Manning.

V.A.D. Hospital, Drill Hall, Ripon.—Miss H. Duffy.

Norfolk War Hospital, Norwich.—Miss J. Wishart.

Hill Hospital, Lower Bourne, Farnham, Surrey.—Mrs. A. M. Gedge.

7, Charles Street, Mayfair.—Miss E. C. Wilson.

Red Cross Hospital, Saffron Walden.—Miss A. W. Stol.

Red Cross Hospital, Netley Abbey.—Miss P. Jones.

Norfolk War Hospital, Norwich.—Miss D. Vicary, Miss F. Cogan, Miss C. Robinette.

V.A.D. Hospital, Mortimer, Bucks.—Miss C. A. Lawson.

Red Cross Hospital, Arcley Kings, Stourport.—Miss A. Gregory.

Seven large Poor Law infirmaries in London and many in the country are to be utilized for the wounded.

PRACTICAL POINTS.

The Continuous Sponge.

Writing, in the *Modern Hospital*, of the Washington County Hospital, Iowa, Miss Finlay has something to say of the continuous sponge in use there. She says :—

"The continuous sponge—first introduced by Dr. H. S. Crossen of St. Louis—is used, and no loose or separate sponges are allowed in the operating room while any of the body cavities are open. This sponge was used for three years



METHOD OF FOLDING THE CONTINUOUS SPONGE.

in the City Hospital, and has now been used for two and one-half years in the County Hospital. This procedure marks such a distinct advance in operating room technic that we cannot too strongly urge its general adoption. The technic of handling the continuous sponge is easily acquired, its use permits just as rapid work, it cuts out the human equation, eliminates the possibility of error in sponge count, lessens by one or two the nurses needed in the room, renders absolutely impossible the leaving of a sponge in the wound, and is an infallible preventive of malpractice litigation. The sponge for "sponging" is made from a strip of gauze ten yards long and eighteen inches wide, folded into a strip three inches wide. The sponge for "picks" is five yards long and thirty-six inches wide, folded into a strip six inches wide. These long strips are sewed into the bottom of proper sized bags

and the bags pinned to the towels and sheets about the incision area. Under no circumstances are the strips cut. There being no loose pieces of gauze, none can be left in the wound.

Care of Hypodermic Needles.

A correspondent in the *Journal of the American Medical Association* says to prevent rusting and consequent plugging the needles should be kept in equal parts of almond oil and alcohol. They may be placed in a wide-mouthed bottle or covered dish and remain in the mixture when not in use. They can be removed from it with forceps and cleansed with a jet of alcohol.

Remove that Thumb.

Ignorance is often the mainspring of vanity, and we were lately reminded of this maxim when discussing the nursing of foreigners with an English nurse. Here are a few remarks: "Oh, no, she isn't fully trained, but only Belgians are admitted"; and again, "The War Office wishes to retain all certificated nurses this side for our own wounded—it won't prevent others going to France."

"Yes, my hospital uniform is a bit worn, but it will do to wear out in France."

This is the type of nurse we imagine who had a rude awakening in a French military hospital theatre when the world-renowned operator snapped out, "Remove that thumb," which she had inserted into the sterilised lotion instead of holding the basin in the palms of her hands!

When we cross the Channel we must not imagine that right away we land in the desert of Sahara.

APPOINTMENTS.

MATRON.

Hospital and Home for Sick Children, Lower Sydenham.—Miss F. M. Scott has been appointed Matron. She was trained at the Infirmary, Dudley Road, Birmingham, and has held the position of Sister at the Dulwich Infirmary, of Day Sister and Night Sister at the Royal National Hospital, Ventnor, and of Home Sister at the County Hospital, Winchester, and of Temporary Matron at the Children's Sanatorium, Leppard, Oxon.

Maternity Institution, Norwich.—Miss A. D. Edington has been appointed Matron. She was trained at the Mile End Infirmary; and has been Senior Staff Nurse at the District Nurses' Home, Gloucester; Assistant Superintendent in Sunderland; and Acting County Superintendent at Cambridge.

NURSE MATRON.

The Isolation Hospital, Chichester.—Miss E. Cleary has been appointed Nurse Matron. She was trained at the New Infirmary, Hendon, and holds the position of Sister at the North Eastern Hospital, Tottenham.

NIGHT SISTER.

Cumberland Infirmary, Carlisle.—Miss Alice Stennett has been appointed Sister. She was trained at the Women's Hospital, Castlegate, Nottingham, and at the General Hospital, Nottingham, and has been Staff Nurse at the Penrith Hospital. She has also had experience of private nursing.

CHARGE NURSE.

Shepton Mallett Union.—Miss May Robinson has been appointed Charge Nurse. She was trained at the Union Infirmary, Barrow-in-Furness, and has been Assistant Nurse at the Tamworth Workhouse, and Nurse at the Warminster Workhouse and at the Cirencester Workhouse.

SISTER.

Western Fever Hospital, Fulham, S.W.—Miss Elizabeth L. England has been appointed Sister. She was trained at St. George's Infirmary, Fulham; and has been Staff Nurse at the Western Fever Hospital.

Miss Amy Elizabeth Bourne has also been appointed Sister. She was trained at Lambeth Infirmary, Brook Street, where she was Sister; she has for eight years been attached to the Exeter Trained Institution for private nursing.

"Homeleigh" Convalescent Home for Wounded Soldiers, Harrow.—Miss H. C. Sadlier has been appointed Sister-in-Charge. All service is to be voluntary.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

To be Staff Nurses:—Elizabeth Gibson (February 21st, 1914), Cicely E. Bray (April 15th, 1914), Georgina W. Chamberlain (August 4th, 1914), Mary I. McNaughton (August 6th, 1914).

TERRITORIAL FORCE NURSING SERVICE.

Miss Jessie Hills to be Matron, October 16th, 1913.

The following announcement is substituted for that which appeared in the *Gazette* of February 2nd, 1915: Miss Tank Davis to be Matron, January 22nd, 1915.

QUEEN VICTORIA JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Jane B. Crooke is appointed to Woolwich, as Assistant Superintendent; Miss Minnie M. Chambers, to Elmont and Cresswell; Miss Eliza J. Legge, to Brighton; Miss Margaret B. Perkins, to Todmorden; and Miss Elsie M. Wood, to Todmorden.

LADY MINTO'S INDIAN NURSING ASSOCIATION.

The Report of Lady Minto's Indian Nursing Association for 1914 states that the difficulty in obtaining nurses alluded to in the last report has been much accentuated by the present War, and it is increasingly difficult to secure candidates for India. There are vacancies at the present time for two Nursing Sisters. The salary commences at £60 per annum.

NURSING ECHOES.

The proposal, made in *THE BRITISH JOURNAL OF NURSING* last week, to form a Trained Nurses' Economic League, to consider, and if possible secure, just economic conditions for the Nursing Profession, has evidently aroused a very satisfactory amount of interest, as we have received some very sympathetic letters in connection with the suggestion. Such a desirable result is not to be easily attained, but we hope the rank and file will have the sympathy and active support of Matrons and Superintendents, and also of the medical profession, as just economic conditions make for good work and contentment—a desirable consummation in the organization of every profession. Before calling a meeting to found the League, we hope to enlist influential support.

We have pleasure in announcing that Miss Henrietta Hawkins has consented to act as Hon. Secretary *pro tem*.

Forms of application for nurses holding a certificate of training from a general hospital containing fifty beds and upwards, willing to serve in military hospitals at a salary of £2 2s. a week, will be found on page vi.

A Territorial nurse writes, after criticising the suggestion to nurse Territorial hospitals with V.A.D. probationers:—"Anyway, when we get through with all the worry, we ought to get the Registration Bill through; it would be better than all medals and such things." Indeed it would.

The Annual Report for 1914 of the Matrons' Council of Great Britain and Ireland (431, Oxford Street, London, W.), just issued, contains an interesting summary of the year's work. An Appendix gives in brief the names of members who are engaged in work connected with the war, and affords striking evidence of the value of the public service rendered by members of the Council, and the varied and responsible duties in which they are engaged.

The Annual Presentation of Prizes to the probationer nurses at the Highgate Hill Infirmary took place last week, when, in the absence of the Chairman of the Infirmary, Mrs. F. Marshall, Mr. W. H. Andrews presided.

The Clerk to the Board, Mr. E. Davey, explained that the prize-giving originated in a bequest to the institution by a patient, who left £75 for its benefit. This, invested in Consols, sufficed for three prizes, under what was named

the "Smalley Bequest," and they were given to probationers in their first year.

The second three prizes were known as the "Leonard Marshall Prizes," and were given by the Chairman, who had invested £100 in Consols for this purpose, the prizes being given to probationers in their third year.

Mr. Davey also read an interesting letter from a correspondent who wrote from personal knowledge of the value of good nursing in the war. It was impossible to over-estimate this. When one thought of the difference a good nurse made to the comfort and welfare of her patient, one realized how very important it was that during her training a nurse should pay every attention to even the smallest detail, for small and apparently unimportant points, if neglected, might mean much additional and unnecessary suffering. In the severe cases in a hospital in Belgium near the fighting line the men suffered terribly, sometimes even when turned in bed, but the amount of their suffering when nursed depended very largely upon the nurse. The English nurses at the front were a constant wonder to the Belgians.

Sir Frederick Eve, who presented the prizes, and offered his congratulations to those who were entering the profession at this time of national emergency, reminded the nurses that in the war area they might find themselves where the medical equipment was inefficient, and they should endeavour always to preserve their ideals of cleanliness and asepsis, which should be looked upon as a religious rite. There were two elements which they always had at hand—Fire and Water—and these, with an ordinary saucepan, would do wonders. Nothing was better for irrigating wounds than boiled water and salt. To sterilize an article it was not necessary to boil it. You could sterilize a saucepan by putting spirits of wine in it and setting it alight—the flame would kill all germs. With few materials they could make all necessary operation dressings aseptic, and for the hands nothing was better than soap and water. Tincture of iodine was practically useless. Its virtue was due not to the iodine, but to the spirit contained in it. The ordinary healthy skin contained very few germs, and soap and water was sufficient. The most reliable lotion was carbolic acid and perchloride of mercury. Peroxide of hydrogen was invaluable for wounds, because the germs mostly came from the soil, and these would not flourish in the air with oxygen, and wounds should be freely opened to the air and treated with peroxide of hydrogen. The tetanus bacillus needed the same treatment. They need have no fear of

atmospheric germs; the danger lay in contact with soiled hands and dirty instruments.

The prizes were then presented as follows:—
Prizes provided by Smalley Bequest.—1, Miss Margaret Robinson; 2, Miss Grace Head; 3, Miss Daisy Baker.

Leonard Marshall Prizes.—1, Miss Emily Eppey; 2, Miss Bertha Beecroft; 3, Miss Norah Clark.

Medical Superintendent's Prize (for the first year's work).—Miss Jennie Darien.

The Matron, Miss A. E. Little, thanked one and all for their presence, and Sir Frederick Eve for his address, which all the nurses greatly appreciated.

The Committee of the Burton-on-Trent Nursing Institution report that during the past year the district staff of six nurses has been fully employed. Owing to the special calls for war hospitals, &c., it has not been possible to keep up the private nursing staff to the usual number for which there has been a constant demand, and it has been necessary to refuse a number of cases. To attract more nurses it has become necessary to follow the plan adopted in similar institutions elsewhere, and offer a bonus for division among them, based on the total annual fees received.

The Lord Mayor, Alderman J. T. Richards, who was accompanied by the Lady Mayoress, presided at the twenty-fifth annual meeting of the Cardiff and District Branch of the Queen Victoria Jubilee Institute for Nurses, held at the City Hall on April 15th. The report showed that 80,409 visits had been paid during the year. The value of the work of the nurses was emphasised by the Hon. V. Douglas-Pennant, of the National Health Insurance (Wales), who said that it was to such institutions as this that the Insurance Commissioners looked for aid in the prevention of phthisis.

On Tuesday, April 13th, at the rooms of the Association of Irish Nurses, St. Stephen's Green, Dublin, the last lecture of the session was delivered by Dr. Mabel Crawford. The subject, "Burns and Frostbite," proved exceedingly interesting, and at the close of the lecture Miss Ramsden proposed a hearty vote of thanks to Dr. Crawford, which was passed with applause. The next Executive Meeting will be held on Saturday, May 1st, at 8 p.m. It is open to all members who wish to attend.

We propose to defer our remarks on the "Bulau" incident until next week.

THE ORGANIZATION OF THE PROFESSION OF MASSAGE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I should esteem it a favour if you could find space in THE BRITISH JOURNAL OF NURSING for the accompanying correspondence between the Incorporated Society of Trained Masseuses and Miss Beddingfield and myself. Thanking you in anticipation.

I am, yours truly,

I. M. SCANNELL.

MEMBERS RESIGN.

School of Massage and Swedish Remedial Exercises,

55, Brompton Road, Knightsbridge, S.W.

March 15th, 1915.

To the Chairman of the I.S.T.M.

MADAM,—I beg to tender my resignation as a member of the I.S.T.M., being out of sympathy with the present methods and management of the Society.

I expressed this disapproval in January, 1914, by declining to allow my name to stand for re-election to the Council, on which I had served for many years, and for four or five years as Vice-Chairman.

The following is a brief *résumé* of the actions of the Council of the I.S.T.M. which have led up to my present decision:—

1. On account of the change in the exemption rules for the first Teachers' Diploma Examination, which, in the November, 1912, issue of *Nursing Notes* read:—"These two courses are not compulsory for candidates holding a certificate for remedial work recognised by the Government of Sweden . . ." and which in the December issue of that paper was changed to:—"These two courses are not compulsory for candidates holding a certificate for remedial work granted by schools recognised by the Government of Sweden . . ."—this change not having been authorised by the Council of which I was a member, and which favoured candidates holding one-year certificates from Dr. Arvedson's Institute—a certificate not recognised by the Government of Sweden. (Reference to the Minutes of the Society proved that the notice in the November, 1912, issue of *Nursing Notes* was correct as passed by Council.)

2. On account of the treatment of our students by the Society, who, after our school had been approved in the matter of entry for the S.R.E. examination in July 1914, were refused entry to that examination when half through their training—and this without a reason being given in nine different letters from the Society's solicitors in reply to many applications.

3. On account of the Society's action in passing a resolution on September 18th, 1914, removing the names of my partner, Miss Beddingfield, and myself from the "roll of certificate-holders, and members of the Society" without a reason or

previous notification. (This, as a result of legal action, was proved invalid, and was formally rescinded by resolution at the Council Meeting held on Friday, February 12th, 1915.)

4. On account of the Council refusing our candidates for their Massage examinations, at first on the plea of our being no longer members of the Society (*vide Nursing Notes*, October, 1914), and now that the law has re-instated us as members a resolution passed on March 12th, 1915, states:—"That in consequence of the neglect or refusal on the part of the Misses Scamell and Bedingfield to comply with the regulations and requirements of the Society with reference to the training of students in preparation for the examination in Swedish Remedial Exercises in July, 1914, this Council is unable to accept pupils from the Misses Scamell and Bedingfield for any of the examinations held by the Incorporated Society of Trained Masseuses." (A copy of this resolution, passed by an Independent Examining Board being sent to us in a registered letter marked "PRIVATE.")

Please note I intend to publish this letter, also any reply received from the Society.

I am,

Yours truly,

(Signed) I. M. SCAMELL.

School of Massage and Swedish Remedial Exercises,

55, Brompton Road, Knightsbridge, S.W.
March 15th, 1915.

To the Chairman of the I.S.T.M.

MADAM,—I hereby tender my resignation as a member of the I.S.T.M. as a protest against the arbitrary methods of that Society, and for the reasons expressed in my partner, Miss Scamell's letter of resignation of same date. I have been furthered in this decision by the stand made by Mrs. Marriott-Fox, and entirely endorse the opinions so ably expressed by her in the letters published in the March 6th, 1915 issue of THE BRITISH JOURNAL OF NURSING. I reserve to myself the right to publish this letter, as also any reply.

Yours truly,

(Signed) C. L. BEDINGFIELD.

The Incorporated Society of Trained Masseuses,
157, Great Portland Street, W.

April 6th, 1915.

DEAR MISS SCAMELL,—Your letter dated March 15th, addressed to me as Chairman of the Council of the Incorporated Society of Trained Masseuses, was laid before the Council at their meeting this afternoon, when your resignation as a member of the Society was noted and accepted.

The Council further noted the various reasons you put forward to account for your being out of sympathy with the methods and management of the Society, and wish me to reply to each:—

1. The change in the wording of rules, permitting exemption from further courses on Anatomy and Applied Treatment for candidates making entry to the inaugural examination for

Teacher's Diploma in October 1913, was made, because it had never been the intention of the Committee, dealing with the preliminary arrangements, to require that any candidate holding a certificate from a School in Sweden recognised by the Government should repeat the training she had already had. The courses were arranged to benefit all candidates who needed further experience and study before examination. Being fully aware of the intentions of the Committee, the alteration of the wording of the advertisement in December 1912, though noticed by you at the time, did not in any way put you "out of sympathy with the methods and management of the Society," for I would point out that you remained on the Council, and further offered yourself for re-election the following year and attended the monthly and other meetings till January 1914.

2. The disqualification of students from your school as candidates for the examination in Swedish Remedial Exercises, July 1914, was due entirely, as you are aware, to the fact that they had not received the scheduled preparation from an approved teacher, and therefore their applications were out of order. As this correspondence is to be published it will be as well that the facts regarding this training should be stated.

For some time, since 1910, you had prepared and entered your students for the Society's examinations in Massage (before that date you had instructed pupils at the Westminster Massage Classes, Dr. Fram Gotla) and in 1912 you qualified in Swedish Remedial Exercises, being granted by the Society their certificate for the subject. A footnote to this certificate states that it "carries no qualification as a teacher." Being desirous of extending the teaching at your school to Swedish Remedial Exercises you notified in 1912 your intention to enter for the examination for Teachers' Diploma in Swedish Remedial Exercises when such should be arranged. When the preparatory courses for this examination were announced you and Miss Bedingfield raised many objections to them, and this being an inaugural examination the Council offered various concessions of which you took full advantage, so that your preparation consisted solely of a course of twelve lectures on Psychology. You finally withdrew your name as a candidate for examination as you found yourself much occupied with private work. Your school being therefore still without an accepted teacher of Medical Gymnastics you applied to Council as to the best means by which to put it in order for the preparation of students. After much discussion you took steps, and notified the Society in December 1913, that a qualified teacher had been appointed to your school to be responsible for the preparation of students in Swedish Remedial Exercises.

The syllabus of weekly training scheduled and in use since 1910 was well known to you, and the Council believed they could trust you, as Principal of the School, to see that your qualified teacher carried out all the requirements. Unfortunately, you did not do so, and half-way through the

course it came to the knowledge of Council that the students at your school were receiving only two hours' weekly instruction from this teacher instead of eleven as scheduled.

As our dealings were necessarily with the responsible and qualified teacher, she was interviewed, and admitted that she was only engaged by you for two hours' teaching weekly. There was, therefore, no alternative but to refuse her signature to the entry qualification form for candidates, though the authorities fully sympathised with the pupils who had paid you training fees, and deeply regretted this disqualification.

The teacher was advised by the authorities to notify you and the students of the refusal of her signature, and this was done.

You were, therefore, fully informed as to our action and the reasons for it.

3. The Council decided that your conduct was detrimental to the profession and that it would be an act of injustice to other schools, where the examination requirements were loyally fulfilled, to allow you and Miss Bedingfield to remain as certificate holders and members of the Society. By a unanimous vote, your names were removed on September 18th, 1914, and you were notified of it.

In so doing, the Council committed a technical error, inasmuch as you had not been warned of their intention; but they thought it unnecessary to do so, owing to your full cognisance of all the circumstances. On September 24th, 1914, an announcement appeared in various nursing papers, stating that "in consequence of a dispute with the I. S. T. M. the Misses Scamell and Bedingfield would not, in future, prepare pupils for that Society's examinations." This was misleading to the public, and the Society were forced to notify in the same papers your removal from the Roll.

Later you caused a writ to be served on the Society, demanding "damages for breach of contract," a claim which was untenable; on second thoughts, this was varied by a claim for a declaration that you were still members of the Society, and for damages. As the resolution of September 18th was irregular, the Council paid into Court forty shillings in full discharge of any damages you might have sustained, and later reinstated you and Miss Bedingfield as certificate holders and members. You were notified of this, and thereupon accepted the damages paid into Court, and further proceedings in the action were stayed.

4. The Society received numerous letters and visits from pupils at your School, who stated that they were being prepared by you for our examinations in 1915, in direct contradiction to your published statement of September 22nd, 1914.

You are incorrect in your statement that your pupils were refused on account of your being no longer a member of the Society. Membership carries no right or privilege to prepare and enter students for examination, nor does the Society decline to accept from teachers who are *not* members, if our conditions are carried out.

The reason for non-acceptance of your pupils is contained in the resolution passed on March 12th, 1915:—

"That, in consequence of the neglect or refusal on the part of the Misses Scamell and Bedingfield to comply with the regulations and requirements of the Society with reference to the training of students in preparation for the examination in Swedish Remedial Exercises in July, 1914, this Council is unable to accept pupils from the Misses Scamell and Bedingfield for any of the examinations held by the Incorporated Society of Trained Masseuses."

Please note that the Society reserves to itself the right to publish your letter and this reply in the event of your failing to do so in next week's issue of the nursing papers.

Yours truly,

(Signed) LUCY M. ROBINSON.
(Chairman).

The Incorporated Society of Trained Masseuses,
157, Great Portland Street, W.
April 9th, 1915.

DEAR MISS BEDINGFIELD,—Your letter dated March 15th, addressed to me as chairman of the Council of the Incorporated Society of Trained Masseuses, was laid before the Council at their meeting this afternoon, when your resignation as a member of the Society was noted and accepted.

We note your reasons for resignation are embodied in Miss Scamell's letter of the same day, and therefore refer you to our reply to her.

Yours truly,

(Signed) LUCY M. ROBINSON.
(Chairman).

School of Massage and Swedish Remedial
Exercises.

55, Brompton Road, Knightsbridge, S.W.

April 10th, 1915.

To the Chairman of the Incorporated Society of
Trained Masseuses.

DEAR MADAM,—We beg to acknowledge your registered letters received this morning accepting our resignations as members of the I.S.T.M. Before sending this correspondence to the nursing press for publication there are many statements in your letter of April 9th, 1915, to Miss Scamell which would be misleading to the public if left uncorrected; we therefore hasten to rectify some of them.

Your statements in paragraph 1 do not in any way alter the fact that the exemption rules for the Teachers' Diploma Examination in 1913 were changed without the authority of the Council, nor does the fact of its being an inaugural examination make changes which favour certain candidates permissible.

In reference to paragraph 2. (a) The statement that Miss Scamell first qualified in Swedish

Remedial Exercises in 1912 by passing the Society's S.R.E. examination is not correct. The Council is well aware she passed with distinction an examination in S.R.E. specially arranged by the Chelsea Polytechnic for members of the I.S.T.M. in 1904, and that from that date she had been practising and teaching Swedish Remedial Exercises.

(b) We would state that our students in preparation for the S.R.E. examination, 1914, had received the scheduled eleven hours' tuition per week in the School, in addition had attended twenty-four dissection classes in anatomy at King's College, Strand, W.C., and that all conditions for the 1914 S.R.E. examination were fulfilled by us.

In no regulation at that time existing was it stated that the whole of the scheduled instruction for the S.R.E. examination must be given by a trainer holding the Teachers' Diploma—the new regulations with regard to these ladies not coming into force until January 1st, 1915—we as members of Council knew this fact, and in no way attempted to deceive the Committee on this point. Further, in not one of the nine letters received from the Society's solicitors refusing our students' entries was it once stated that it was because our trainer holding Teacher's Diploma had only given two hours' instruction per week, nor was any other definite reason given. Was this because at this period the Council feared to make this definite statement, knowing that they had accepted the entry of a candidate, the Principal of a Training School in Manchester, to that examination without enforcing her trainer, a partner of two of the I.S.T.M. Founders, to carry out any scheduled curriculum—this candidate travelling to London for an occasional Saturday lesson?

If the I.S.T.M. professes to be a Public Examining Body, surely they should enforce the same regulations on every school entering candidates for their examinations; and, further, should have dealings direct with the Principals of the school, and not through an assistant employed by them, whose evidence in our case was taken "in camera" and our students' entries to the S.R.E. 1914 examination refused on this secret evidence.

In paragraph 3 it is stated that the Council only committed a technical error on September 18th, 1914, in attempting to remove our names from their roll. We would point out that the Council had ample time and opportunity to state a reason and remove us legally between that date and the issue of the Writ on December 4th, 1914, if they had had any just cause for so doing.

Further, it is inconceivable that such a technical error could have been made by a Committee which includes the names of Miss Lucy Robinson and Miss Rosalind Paget, who, as well known Midwives, must be thoroughly acquainted with the legal procedure with regard to the removal of members from the roll of a society—which is so frequently done at the penal sittings in connection with the Central Midwives Board—to say nothing of the fact that, within the period of Miss Scamell's Vice-Chairmanship, two members of the I.S.T.M. were removed by proper procedure.

We do not admit that our claim against the Society was altered in any way after the issue of the Writ. Legal proceedings were taken, not to bleed the Society, but solely to clear our good name, and in this connection we are instructing our legal advisers to refund to you the sum of 40s. lodged by you at the Court on account of damages. Upon our official re-instatement we withdrew further proceedings and accepted the Society's offer of the payment of costs incurred in the action. This fact you omit to mention in your letter of April 9th, 1915.

Your statements in paragraph 4 are a direct contradiction of your own official announcements appearing in *Nursing Notes*, October, 1914, *Nursing Mirror*, October 3rd, 1914, and *Nursing Times*, October 3rd, 1914, in which you state that because we were no longer members of the I.S.T.M., "therefore pupils prepared at their school cannot be received as candidates for the Society's Examinations."

We learn that at the Annual Meeting of the I.S.T.M. held on March 26th, 1915, a member of the Society publicly resigned her membership as a protest against the treatment we had received from the Council, and that the vote of confidence in your Chairmanship taken at that meeting was not unanimous. We trust that this protest and the publicity given to these and other letters and extracts of letters by the kindness of the Editors of the *Nursing Press* may lead to the total reorganisation of the profession of massage on a medical and judicial basis.

We are,

Yours truly,

(Signed) { I. M. SCAMELL,
C. L. BEDINGFIELD.

NURSES' MISSIONARY LEAGUE.

THIRTEENTH ANNUAL CONFERENCE AND MEETING.
UNIVERSITY HALL, GORDON SQUARE, W.C.,
WEDNESDAY, APRIL 28TH.

PROGRAMME.

The Vocation of Nursing and its Power in the World To-day.

MORNING SESSION, 10-12.30.

Chairman.—Miss A. M. Boyle.

Addressee.—"The Call of God," Miss Mayers; "The Queen's Nurse, her difficulties and opportunities to-day," Miss Amy Hughes; "The Work of the Ranyard Nurse," Miss Zoe L. Puxley; "The Work of the Territorial Nurse," Miss R. E. Derbyshire; "The N.N.L. in its World-wide Aspect," Miss J. Macfee, B.A. *Interval*. "Colonial Nursing," Mrs. Villiers C. Hawkins; "Missionary Nursing," Mrs. James Maxwell (Formosa). Devotional Address, the Rev. G. Charlesworth (Chaplain, Guy's Hospital). *Intercession*.

AFTERNOON CONVERSATION, 2.30-5.

Hostesses.—Mrs. Carless, Miss M. G. Collock, Miss Houghton, Mrs. Hoare.

Addressee.—"The Vocation of Nursing": (1) In the Home Hospital, Miss A. C. Gibson; (2)

In the Mission Hospital, Miss Lilius Blackett, M.B., B.S., Multan.

EVENING MEETING, 7.30-9.30.

Chairman.—H. Crichton Miller, Esq., M.D. Business Meeting. "A Message from the Front," Major H. Gordon Mackenzie, M.D.; "Medical Work in Korea," Mrs. Weir. Closing Address, the Rev. E. S. Woods (Chaplain to H.M. Forces).

BOOK OF THE WEEK.

"FIELD HOSPITAL AND FLYING COLUMN."*

"Field Hospital and Flying Column," by Miss Violetta Thurstan, which we announced last week, has now made its appearance, in a cover of a well chosen shade of blue cloth lettered in gold, in a paper wrapper of lighter shade on which appears the picture of a field hospital.

Both author and publisher are to be warmly congratulated on the book, the author because she writes with directness, simplicity and charm. There is no straining after effect, and an entire absence of sensation which is very grateful. The publisher, because of the excellent type, and general attractiveness of the volume. Miss Thurstan tells her story—which is full of incident, of adventure, of personal danger willingly endured—with the restraint of the professional nurse, and the culture of the University graduate, for she is both. She is, moreover, possessed of a faculty for literature, which is a gift of the gods.

Brussels and Charleroi in the West—Warsaw, Lodz and Radzivilow in the East. Few nurses can claim to have rendered service in both of these storm centres. But such was Miss Thurstan's lot, a privilege secured no doubt by her purposeful pertinacity, professional talent and personal acceptability. She saw and obtained a copy of the historic proclamation of the Burgomaster of Brussels informing the citizens that the Germans were at their gates, with its pathetic concluding words, amply justified: "Citizens, whatever happens, listen to the voice of your Burgomaster and maintain your confidence in him; he will not betray it.—Adolph Max." She saw the German troops ride in, and testifies to the magnificent behaviour of the citizens of Brussels, and later improvised a hospital of 130 beds at the fire station. "Alas and alas! At the end of the week the Germans put in eighty soldiers with sore feet, who had overmarched, and the glorious vision of nursing Tommy Atkins at the front faded into the prosaic reality of putting hundreds of compresses on German feet that they might be ready all the sooner to go out and kill our men. War is a queer thing!"

Life in Charleroi and its neighbourhood was a happy time for Miss Thurstan and her devoted nurses, because though overworked and underfed, their work was most urgently needed. Most trying was the lack of newspapers. "We had nothing to go upon," we read, "but the German

affiches proclaiming victories everywhere, the German trains garlanded with faded roses, marked 'Destination—Paris,' and the large batches of French prisoners that were constantly marched through the town. An inscription written on a door in Charleroi amused us rather, 'Vive Guillaume II, roi de l'univers! Not yet, not yet, William!'"

A brief peaceful interlude in Denmark, where the Danish Council of Nurses gave the British Nurses a welcome, which they will always hold in grateful remembrance; and then on to Poland. "The news just then was not good; the Germans were approaching Warsaw, and the people in many of the villages were starving, as the Germans had eaten up almost everything. (How well I could believe that!) The paper went on to say that the troops were suffering severely from cholera and from typhoid fever, and that there was a great scarcity of trained nurses. That gave me the clue for which I was unconsciously seeking." The remainder of the book shows how well Miss Thurstan followed up the clue. Of Radzivilow, she writes: "The work was splendid, and there, more than anywhere else I have been to, one feels the War as a High Adventure."

We wish space permitted us to quote more, but we hope all readers of this review will buy, or order from their libraries, a copy of the book without delay, and enjoy it as much as we have done.

WOMEN'S WORK.

At a meeting on Tuesday of the Executive Committee of the National Union of Women Workers of Great Britain and Ireland, it was resolved not to appoint official delegates to attend the International Women's Congress to be held at The Hague on April 28th, 29th, and 30th. The committee wish it to be understood that this Congress has no official connexion with the International Council of Women, with which the National Union of Women Workers is federated.

At the last meeting of the Teachers' Registration Council a marked improvement in the number of applications for enrolment was announced. Between February 12th and March 11th, over 900 applications for registration were received, and of these 528 were from teachers in elementary schools. It is considered likely that the first official list of registered teachers will contain at least 7,500 names.

COMING EVENTS.

April 28th.—Nurses' Missionary League. Annual Conference and Meeting. *Morning*, 10 to 12.30. *Afternoon*, 2.30 to 5. *Evening*, 7 to 9.30. University Hall, Gordon Square, W.C.

May 1st.—Matrons' Council of Great Britain and Ireland. Quarterly Meeting. 431, Oxford Street, London, W. 4 p.m. Miss Violetta Thurstan will speak on "Field Hospital and Flying Column." 5 p.m.

* G. P. Putnam's Sons, 24, Bedford Street, Strand, W.C. 2s. 6d. net.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

THE TRAINED NURSES' ECONOMIC LEAGUE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Thank you for your letter and for your article relating to the formation of a League of Nurses, to consider economic conditions of nursing.

There are, I am quite sure, numbers of nurses who would welcome the opportunity of War service, but are unable to make monetary sacrifices. My own co-operative staff is small; but, out of the number, I daresay many would join the League. Personally, I am convinced that the only people who can improve and protect the status of the nursing profession are the nurses themselves; and I shall welcome the formation of a League to that end with the greatest pleasure, and will gladly do all I can to help. If you will kindly forward copies of the form regarding the League, I will gladly distribute them.

Yours sincerely,

C. A. LITTLE.

Hull Association of Trained Nurses,
88, Spring Bank.

We hope many Superintendents of Private Nursing Institutions and Co-operations will support this movement towards just economic conditions for certificated nurses.—Ed.]

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am so pleased you are shewing us a way of bringing before the War Office how impossible it is for Private Nurses to give up their work and devote their skill and attention to nursing our wounded soldiers at a loss of half their income. For five months I have worked at £1 1s. a week and then found the work so hard that I was forced to take a month's holiday. This made me realise that I could not continue. so that although it was a great grief to me, I had to give it up. I willingly sign the paper and am sure there are many nurses who will be only too willing to do so.

Sincerely yours,

E. GIBSON.

5, Endsleigh Street,
Gordon Square, W.C.

We quote the following paragraphs from letters received on the suggestion to form the Trained Nurses' Economic League:—

"A Trained Nurses' Economic League is just what is required in our ranks. We private nurses feel the need of it more every day. I have to give the greater part of my earnings in support

of 'those dear to me'; it is my greatest pleasure in life, but makes my future very precarious. I enclose form signed, and wish the League every success."

"Some good will result from the disorganization of nursing conditions during the War, if an influential League to protect the interests of trained nurses comes out of it. I wish to join the League for the sake of others, as my financial condition is secure."

"Considering the terrible apathy of nurses, I wonder you can contemplate trying to rouse them, even in their own interest. I fear it is a hopeless task."

"Our Superintendent seems to think any attempt to protect the nursing profession from exploitation will only result in failure; the public will think us grasping, when all we desire is to keep off the rates it has to pay."

"I wish to join the Nurses' Economic League; the doctor I am working for thinks it a splendid idea—he says we ought to secure the support of the doctors, as if they would only employ nurses who were receiving a just fee, that would spell success. He greatly deprecates the War Office authorities having exploited us during this crisis, when every other class of worker is receiving an advance; he does not believe Lord Kitchener would approve of the policy at all if he had time to realise it. He blames the Joint War Committee, who are mostly rich people, who know nothing of nursing economics. But we nurses are really the culprits; we never really co-operate for the general good."

"I was delighted to see the suggestion in last week's B.J.N. to form an Economic League of Nurses, but as several nurses I know do not even understand what it means, please explain more fully next week. Just now we are feeling it very unfair that well-to-do girls, after a few weeks' training in this hospital, are to receive £20 a year right off in military hospitals, when our regular probationers have to give three years' hard work before receiving as much; it is most unjust."

"Let us hope, after the past six months' experience of chaos worse confounded in nursing affairs, many trained nurses will rise to the occasion, and form a really influential Economic League. In every country where trained nursing exists, the members of the profession have shown more self-respect than in England. I have travelled, and know conditions in all our self-governing colonies; it is time we waked up. No wonder we are offered half-price, when our work is indispensable, and unskilled workers thrust in our place. Every self-respecting nurse, should join this new League."

"Matron quite approves the League, but does not think the committee will permit us to join it."

"Our Superintendent thinks we shall lose caste if we agitate about economic conditions, like trade unionists; but surely, just economic conditions are right, not just a matter of money."

THE SHADOW OF EFFICIENCY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Your reference to *The Englishwoman's* refusal to insert an article by the Hon. Albinia Brodrick has just been brought to our notice.

If the article had been as your wording suggests on "Nursing in Military Auxiliary Hospitals," we should have been glad to publish it, though Miss Brodrick takes a different view from *The Englishwoman* as to the reality of the present shortage of nurses and the necessity of utilising workers who are not fully trained. But the article in question which was entitled, if my recollection serves me, "Cheap and ——" began with strictures on amateur nursing in the Boer War and made serious charges unsupported by references to persons, places and witnesses, against titled directresses of Hospitals and untrained ladies masquerading as nurses at the present time. Miss Brodrick replied to our claim that we were entitled to ask for facts in support of her opinions (which are not ours) that the facts were too private for publication.

The Englishwoman, as its readers know, has consistently supported the efforts of the nursing profession to maintain and to raise its status. It cannot undertake to be a medium for unsupported grave charges which if they are to be brought at all must be most fully substantiated, nor can it continue to grasp at the shadow of efficiency represented by the claim that none but three-year trained nurses shall attend our wounded when official figures make it clear that any such limitations would result in dangerous understaffing and disastrous overstrain for the available professional nurses.

Yours faithfully,

E. M. GOODMAN,

Editor "*Englishwoman*."

We have carefully read *The Englishwoman* since the commencement of the war, and fail to find any article whatever dealing with the inevitable need for economic organisation of the nursing profession during war. In September an article appeared on the "Untrained Nurse in National Emergency," written by the foreign untrained editor of a commercial paper for nurses, which is, of course, a plea for the untrained nurse in war. And other paragraphs which have since appeared maintain the same policy. We would ask the editor of *The Englishwoman* to what "official figures" she alludes which make it clear that if none but three years' trained nurses attend our wounded, "such limitations would result in dangerous understaffing and disastrous overstrain for the available professional nurses."

The fact is that no attempt whatever has been made by those responsible for the nursing in military hospitals to consult the nursing profession, no statistics of any sort have been sought or tabulated. One fact alone has been made public, and that is that those who have grasped a monopoly

of the nursing of wounded soldiers have determined to pay only half the market value of trained nursing, so that the hundreds, if not thousands, of working women, who cannot afford to work at half-price, are thus eliminated from a State Service, and the supply artificially restricted.

This is a serious economic fact, and in our opinion the duty of a journal such as *The Englishwoman*, which professes to support the political and economic equality of the sexes, would be better employed in supporting just conditions for members of the nursing profession than in encouraging the disorganisation of our nursing schools with short term pupils, thus undermining the whole economic structure of trained nursing.

No one has claimed that "only three years' trained nurses" shall work in military hospitals, but we trained nurses do claim that if probationers are admitted it shall be on the usual terms on which they are admitted to general hospitals, and that they shall be under strict professional tuition and discipline.

As to dangerous understaffing and disastrous overstrain for the available professional nurses, the proposal to decrease the skilled nursing staff by one-third in military hospitals, and substitute untrained members of V.A.D.'s, will, we have no doubt, produce disastrous overstrain of professional nurses. The only excuse for unskilled workers in military hospitals is that they should be supplementary, but that is not the suggestion of the Army Nursing authorities, they have decreed that they shall be substitutes.

As to "titled directresses of hospitals, and untrained ladies, masquerading as nurses," the assumption of the direction of a highly skilled profession and of scientific institutions by women totally untrained, and therefore incompetent, is nothing short of a scandal, which *The Englishwoman* would do well to discourage if it desires to maintain its claim to "bring before the cultured public the case for the enfranchisement of women"—a claim which can only be founded and maintained on sound economic conditions. ED.]

FRENCH FLAG NURSING CORPS.

Mrs. Bedford Fenwick will interview candidates for the French Flag Nursing Corps at 431, Oxford Street, on Friday, April 23rd, and Monday, April 26th, from 2.30 p.m. to 5 p.m.

OUR PRIZE COMPETITIONS.

May 1st.—Describe fully what help in diagnosis can be obtained from (a) the colour of a patient's face, (b) expression, (c) the eyes, (d) position assumed.

May 8th.—At what season of the year is infant mortality the highest? How may it be lessened or prevented?

May 15th.—Give a classification of wounds. Describe three of the classes named.

The Midwife.

AN URGENT SOCIAL PROBLEM.

One of the urgent social problems of the immediate future is the care of the many unmarried girls about to become mothers, in districts where large masses of troops have been quartered; and it is one which requires the finest statesmanship of both men and women which can be brought to bear upon it.

For nurses and midwives the issue is a straight one, uncomplicated by any question of morals—for the claim of humanity upon the medical and nursing professions is not the claim of moral rectitude. It is their privilege and their pride to extend their skilled help to all who need it.

The position is simple.

We are confronted by a situation which should not have arisen, the outcome of exceptional circumstances, to which it is unquestionable that the billeting of troops in overcrowded houses has contributed.

And the sequel. The man marches out to bear his part heroically in the fighting line, to the strains of "The Girl I left behind Me." And the girl, with a dry sob, watches the troops swing by, and returns home, dreading that the secret which she has hugged so close will soon be a secret no longer; and that relatives and friends, in happier circumstances, will spurn, not aid her in her coming trouble.

Our soldiers—some of them—will, please God, march through the streets of London again. King, Archbishops, Bishops, Statesmen, and the whole nation will acclaim them heroes, and do them honour. And rightly. They have borne themselves right gallantly, they have vindicated the honour of the Empire in her hour of need; the nation will forgive. Indeed, for the most part, it will completely forget.

What of the girls they left behind them? When their heroes return, will they be there again to see them swing past once more, or behind the closed doors of the penitentiary, leading the hard life which their virtuous and untempted sisters demand as evidence of their contrition for the sin of a moment? If that is an unattainable counsel of perfection for a girl whose moral sense is not acutely developed, there remains life on Piccadilly, and Leicester Square, attractive by reason of its brightness, softness, and seeming luxury—but which quickly leads to degradation and death.

That is most often the only alternative to the unmarried mother, without resources, who wishes to maintain her child; and it is a monstrous one. "Then you propose to condone sin," says a chill, disapproving voice.

"No, happy wife and mother, I do not, but the punishment of sin, if sin there be, committed conjointly, should not fall solely upon one of the two while the other goes scot free. There is no virtue

or justice in that. Yet you yourself will go to the wedding, if you are not engaged in promoting the match, between your son, your friend, who has "sown his wild oats," and now proposes to take to wife a young and innocent girl, and to invoke the blessing of the Church upon their union.

If your displeasure fell equally upon the erring man and woman I should have more faith in the sincerity of your plea for the maintenance of a high moral standard. As it is, forgive me if I try to lighten the unjust weight placed upon the frail shoulders of the woman.

Am I wrong?

Under the Jewish dispensation the punishment of unchastity was death by stoning. Do you remember how the Divine Master dealt with the problem of the woman taken in adultery when brought to Him by the Scribes and Pharisees? Here was no question of contrition and expiation. She was taken "in the very act." With the wisdom of a greater than Solomon our Lord declined to discuss the situation with her accusers.

"Let him that is without sin first cast a stone." That thrust went home, and the censorious crowd melted away, no man condemned her; then the Master dealt with the woman. "Neither do I condemn thee," but—neither was it possible for Him to condone evil—"Go and sin no more."

In the situation which has arisen in this country how is it possible to take a better model? Let us "judge not," but whole-heartedly strive to make the best of it. Certainly the Government, through the War Office, or the Local Government Board, should open "Mothers' Hospitals" without delay if voluntary institutions are unable to cope with the need. These could be worked mainly by midwives, medical assistance only being necessary in the small proportion of abnormal cases, and the help of such agencies as the Church Army and the Salvation Army, the latter of which already possesses a model Mothers' Hospital, might well be sought. It were shame to allow the mothers of babes whose fathers have fought, and maybe fallen, on the battlefields abroad to have no shelter but the workhouse ward, and their children to have their workhouse birth to live down all their lives.

Let women make their voice heard with no uncertain sound, and let it be uplifted in the cause of justice and Christian charity.

M. B.

In connection with a resolution passed by the Clones Board of Guardians, Mr. James Maxwell, J.P., enquired at a meeting of the Armagh Board of Guardians whether it was legal to charge people of the labouring classes during their period of confinement, and if it was justifiable to charge a fee for signing certificates. It was decided to consult the Local Government Board.

THE CENTRAL MIDWIVES BOARD.

A meeting of the Central Midwives Board was held at the Board Room, Caxton House, S.W., on Thursday, April 15th.

The first business was the election of the Chairman, and Sir Francis Champneys vacated the chair, and on his motion Mr. Parker Young acted as Chairman while the ballot was taken. In announcing the unanimous election of Sir Francis Champneys Mr. Parker Young expressed to him the very best thanks of the Board for the way in which he had conducted the business during the past year, and Sir Francis in resuming the chair said that every time he was elected he had a sense of increased gratitude.

The Secretary announced that Mr. Cuthbert Hilton Golding-Bird, M.B., F.R.C.S., had been re-elected as the representative of the Royal College of Surgeons for the ensuing year, and Mr. Leonard Henry West, LL.D., J.P., as the representative of the County Councils Association for three years ensuing April 1st.

The Finance Committee consisting of the six male members of the Board was reappointed.

The Penal Cases Committee, consisting of Miss Rosalind Paget and five male members of the Board, was reappointed with the addition of Dr. West.

REPORT OF STANDING COMMITTEE.

A letter was received from the Hon. Treasurer of the Rugby District Nursing Association forwarding the baptismal and marriage certificates of a candidate for examination who had previously tendered a marriage certificate which had been found to have been tampered with, and asking the Board to admit her to examination. It was agreed that the candidate be admitted to examination, satisfactory certificates having now been produced.

In another case it was agreed to ask for an explanation of the alteration in the birth certificate of a candidate for examination which had apparently been tampered with.

In another similar case it was agreed that the pupil be not admitted to examination, and that the attention of the Committee of the Nursing Association concerned be called to the conduct of the Lady Superintendent in the matter.

A letter was received from the Clerk of the Brighton Hospital for Women asking the Board to receive a deputation from the Committee of the Hospital on the subject of the continuation of the recognition of the Hospital as a Training School for Midwives. It was agreed to receive the deputation at 2 p.m. on Thursday, May 27th.

A communication was received from the County Medical Officer of Health of Warwickshire as to an apparent case of "covering" of an uncertified woman by a registered medical practitioner in the county, and another respecting a case of a similar nature from Southend. It was agreed in both cases that the correspondence be forwarded to the General Medical Council.

APPLICATIONS.

For Removal from the Roll.—The applications of thirteen midwives for removal from the Roll were granted, and the Secretary was directed to remove the names.

For Recognition as a Teacher.—The application of Dr. Thomas Noy Leah was granted; and of Mr. John R. Hill, L.R.C.S.I., L.A.H. Dub.; and Mr. Roderic MacGill, M.R.C.S., L.R.C.P. (*pro tem*).

For Approval to Undertake the Practical Training of Pupils.—The following applications were granted: Midwives Charlotte Scarle (No. 556), Rosa Noble Wilkinson (No. 8511), Eleanor Inslay (No. 7721), and Emily Eugenie Cox (No. 38549).

JURY CENSURES MIDWIFE.

At Rochester, on April 13th, an inquest was held by the City Coroner on a young married woman, wife of Mr. A. E. Willmott, attended by a midwife named Hearn. Miss Harrison, Inspector of Midwives, under the Kent County Council, was present, and put questions to the midwife. After hearing the evidence, the jury returned the following verdict:—

"Death from puerperal septicæmia following child-birth, due to gross neglect on the part of the midwife during her attendance; and we recommend that the evidence be placed before the Central Midwives' Board."

Referring to the verdict, the Coroner asked whether the jury meant manslaughter.

The Foreman: I don't think we wish to bring that word in.

The Coroner: The verdict is rather strong otherwise.

The Foreman: We feel that it is very serious neglect. I don't know whether the word "gross" is wrong, but we felt that "neglect" was hardly sufficiently strong.

The Coroner: Will you say, "Not amounting to manslaughter?"

The Foreman: I think we would like to add that.

The jury gave their assent.

In addressing and cautioning the midwife, the Coroner informed her she had had a narrow escape of being committed for manslaughter.

WHY THE BABY WAS SMALL.

Sister (to mother with a very small baby in the out-patient room): "How 'old is the baby, mother?"

Mother: "A month."

Sister: "Oh, what a small baby for a month old" (To a colleague) "Look, nurse!"

Mother: "Yes, it is small, but you see I only had a nurse. I've always had a doctor for the others."

From *The Queen's Hospital Nurses League Magazine*.

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EDITORIAL.

WOUNDS OF THE MIND.

Those of us who remain at home in the peace and safety secured for us by our Navy and Army can only dimly guess the price at which these blessings are purchased. Day after day we read the roll of those who have died in action, and are in hospital suffering from wounds and disease, but there is another class of sufferers which this war has produced of whom we hear little, and yet of all those whom it has injured they most demand our sympathy and assistance, for wounds of the mind are more subtle and pitiful, and often more disastrous than those of the body, and no tenderness and care can be too great for this class of sufferers.

Often it is the bravest, the most highly strung, the most valuable officers and men whose minds are affected by shock and exposure, and the ghastly horrors of war.

To meet their need a Mental Treatment Bill has been introduced into the House of Commons by Mr. Cecil Harmsworth, the memorandum to which points out that, as the law now stands nursing homes cannot, under the Lunacy Acts, receive for treatment patients who are suffering from nervous breakdown affecting their mental condition. Such patients can only obtain residential treatment if they are certified insane, and sent to an asylum or hospital under the Lunacy Acts. This applies even if the breakdown is of a temporary character, and almost certainly capable of being cured. It is well known that a sort of stigma attaches throughout life to a person who has once been certified as insane, and there is therefore great reluctance to have such cases certified, with the result that persons suffering from temporary mental disorder do not receive the special treatment in a nursing home which is suit-

able to their condition and calculated to effect a speedy cure.

The object of Mr. Harmsworth's Bill is to secure the proper treatment of such cases by making the law less rigid than at present. It will enable a man who in the service of his country has suffered a nervous breakdown to accept the treatment without being certified, for a period not exceeding six months, and under conditions which will provide security against misuse. It removes the necessity for formal certification in the case of persons suffering from mental breakdown of recent origin and arising from wounds, shock, &c., and in this respect assimilates the English law to that which has been in force in Scotland, and worked satisfactorily for fifty years.

It is provided that the Act shall continue in force during the continuance of the present war, and for a period of six months thereafter and no longer, except in respect of persons under treatment at the time.

At all times these borderland cases need the most delicate treatment, and we cannot imagine anything more calculated to unhinge the mind of a soldier or sailor, whose health has broken down under the stress engendered by the war, than that he should realize he is in an asylum certified as insane, and he has a right to protection from such a shock. Our lunacy laws are in urgent need of revision, as it is contrary to scientific teaching that a patient should have to be so certified before he can receive the special treatment he requires; for preventive and remedial treatment at the earliest possible stage of the illness are urgently required in order that the certifiable condition may be avoided. Mr. Harmsworth has therefore done great public service by introducing this Bill to which we regret to learn there is opposition, and that therefore it is very improbable it will pass into law.

WINDOW-BLIND SPLINTS FOR FRACTURES.

The Paris correspondent of the *Lancet* writes:—

"Dr. Prestrelle, having occasion to put up a very large number of fractures in soldiers, has devised an emergency method for their reduction which has given him excellent results in securing the removal of the wounded to the ambulance or the field hospital with a minimum of suffering and danger from complications. Having frequently found it necessary to insert in the plaster casing, to increase its firmness, pieces of green window-blind (*stores verts*)—blinds, that is, composed of fine fibres of rush held together by latticed threads—it occurred to him to make use of them as splints (without using the plaster). While very rigid in the longitudinal direction they can be made to adapt themselves in the other direction to any surface as desired. With strong scissors they can be cut into the exact length and shape necessary. For a fracture of the leg, after an aseptic dressing of the wound, the limb is surrounded with a good layer of cotton wool, then a piece of blind extending two centimetres below beyond the heel and reaching above to the upper third of the thigh is applied. A roller bandage applied around the thigh to the top of the apparatus and a stirrup spiral wound round the foot secure immobility. For the thigh, in like manner, the blind material is cut so that it reaches the fold of the groin internally and the great trochanter externally, starting from the heel. In fractures of the thigh, when once the patient has been settled comfortably on the stretcher, Dr. Prestrelle attaches a weight or a brick to the foot by means of a cord passing over another cord joining the two handles of the stretcher. He has thus been enabled to keep for a day and a night at the dressing station wounded men with fractured thighs almost entirely free from suffering."

KILL THAT FLY.

The work of trained nurses in every country is the upkeep of health, to be a solace in sickness, and to save life. It is great and beneficent work. But in fulfilling this programme they must wage war on disease carriers, especially the common housefly. It may appear paradoxical, but to save life you must kill that fly. Make a bee line for every one you can destroy; just don't give them time to propagate—begin now. The overcrowding of recruits in preparation for war makes this slaughter absolutely necessary.

OUR PRIZE COMPETITION.

DESCRIBE FULLY WHAT HELP IN DIAGNOSIS CAN BE OBTAINED FROM (a) THE COLOUR OF A PATIENT'S FACE, (b) EXPRESSION, (c) THE EYES, (d) POSITION ASSUMED.

We have pleasure in awarding the prize this week to Miss C. G. Cheatley, Union Infirmary, Lisburn Road, Belfast.

PRIZE PAPER.

The face is a useful index of disease, and may give warning that a patient is doing badly even when definite signs are wanting elsewhere. The flushed face of fever is well known; and the pale circle round the mouth, with flushed cheeks and forehead, is very characteristic of scarlet fever. The pallor of anaemia can hardly fail to strike the attention, but may accompany more serious conditions, such as tuberculosis or renal disease. In grave forms of anaemia, such as pernicious anaemia, the face may have a slightly yellow tinge. The deeper yellow of jaundice is also seen in the face, and appears early on the sclerotics (whites of the eyes), where it also lingers late. Puffiness of the face, especially beneath the eyes, is very suggestive of renal disease.

Cyanosis, or blueness, indicates deficient aëration of the blood, due either to failure of the heart or to obstruction in the respiratory apparatus (bronchitis, laryngeal obstruction). In cases of difficult respiration, as in pneumonia and pericarditis, the nostrils may be seen to dilate at each inspiration.

The condition of the face seen in those who are dying of acute abdominal disease, or of some exhausting illness, was described many hundred years ago by the old Greek physician, Hippocrates, and is still called after him, the Hippocratic face: the nose looks pinched, the cheeks sunken, the eyes hollow, the ears thin; there is a dusky pallor, and sometimes sweating. In patients who suffer from headache there is often a frown on the forehead, as if to shut out some of the light from the eyes. Deep lines on the forehead are also seen in melancholic patients, who wear an aspect of intense dejection. The wizened, monkey-like faces of "wasting" children are often very striking; many of them are the subjects of congenital syphilis.

Various rashes and skin diseases affect the face; thus the exanthemata of measles, chicken-pox, and small-pox appear there; syphilitic affections often appear on the forehead; and herpes round the mouth often accompanies infective diseases, such as a common cold, pneumonia, cerebro-spinal meningitis, &c. Lupus, a tubercular disease of the skin,

oftenest attacks the face. Paralysis of the face (Bell's palsy) is not uncommon; the affected side of the face is flat and motionless, and the eye on that side cannot be closed, but rolls upwards beneath the eyelid when the patient makes an attempt to shut it; the mouth is drawn up on the sound side. In cases of hemiplegia, in which the arm and leg are paralysed on one side of the body, the lower part of the face is generally affected on the same side.

The Eyes.—In wasting diseases the eyes appear sunken into their sockets; in certain nervous affections one eye may be sunken and the other normal. Very prominent eyes are suggestive of the affection known as Graves' disease, or exophthalmic goitre; nervousness, flushing, tremor, palpitation, and enlargement of the thyroid gland are the other chief symptoms of this disorder.

Conjunctivitis—inflammation of the conjunctiva—shown by redness of the white part of the eye, often occurs, and is assigned by patients to a draught; it is probably due in most cases to the entrance of some infective germ. It is not generally serious, but in newly born babies may be due to gonorrhœal infection and result in blindness. Hence the recognition of the condition is most important in maternity work.

Pain in the eye and fixity of the pupil may indicate iritis; the iris generally looks muddy, and its markings are blurred. Unequal pupils are met with in aneurysm of the aorta, owing to irritation of the sympathetic nerves, and in some cerebral disorders.

Greatly contracted pupils ("pin-point pupils") are seen in poisoning by opium, and in some cases of cerebral hæmorrhage. Widely dilated pupils, on the other hand, may result from cerebral compression or from poisoning by belladonna; cocaine also dilates the pupils, as does homatropine, the drug usually employed for dilating them artificially for purposes of examination.

Transitory attacks of blindness may occur in patients who suffer from renal disease, and are a symptom of uræmia. A suddenly occurring blindness in one eye may be due to embolism (blocking) of the central artery supplying the retina; it may occur in cases of heart disease.

Specks floating before the eyes are usually a sign of general weakness or anæmia. Patients who suffer from sick headache (migrain) may complain of seeing coloured circles and zigzags at the beginning of their attacks.

Position Assumed.—Much may be learnt from observation of the attitude assumed by the patient, in bed or out of it. One who lies

naturally in bed and changes from one position to another freely, is probably not suffering from any severe or exhausting disease. On the other hand, a sufferer may be so weak as to be incapable of maintaining his position, and may sink down in the bed, lying helplessly in whatever position he is put; this indicates an extreme degree of bodily weakness, and may be seen in the later stages of severe febrile diseases, such as enteric fever.

In acute pleurisy the sufferer may either lie on the affected side at first, in order to keep it from moving as far as possible—the pain being due to the rubbing together of the two inflamed surfaces of the pleura, one on the lung, the other lining the chest wall—or he may find that the pressure thus produced aggravates the pain, and may prefer to lie on the sound side or on his back. In cases where there is large effusion of fluid within the pleural cavity, the patient generally lies on the affected side, as by this means he allows the sound lung freer movement, the lung on the side of the effusion being compressed by it and rendered useless for breathing. If there is much difficulty in breathing, the patient often cannot lie down in bed, but has to be propped up with pillows or a bed-rest; this condition (orthopnoea) is often seen in cases of severe bronchitis, pericarditis, or heart disease. In cases of acute peritonitis the sufferer generally lies in bed on his back, with the knees continually drawn up, and often with the hands clasped over the head, in order to render the abdominal walls as immobile as possible, and thus lessen the pain. If only one leg be drawn up, a hint may be given of the existence of inflammatory trouble on that side of the abdomen only, as in appendicitis, or one-sided pelvic inflammation. In cerebral irritation, which may follow injuries or accompany various cerebral diseases, the patient lies in bed "curled up," with his legs and arms bent, resenting any attempt to straighten him out or turn him over. In meningitis there is often rigidity of the muscles of the neck, and the head may be bent backwards by the spasm.

In poisoning by strychnine, violent spasms of all the muscles occur, and the body of the patient may be arched backwards or sideways, rarely forwards. In severe abdominal pain, the sufferer tends to double himself up and press his hand on his abdomen.

In cases of angina pectoris—severe cardiac pain—the patient, who may be moving at the time of its onset, tends to stop suddenly in whatever attitude he may be in, making no movement of any kind, owing to fear that the least exertion may be fatal. Sufferers from

heart failure often prefer to sit in an armchair rather than lie in bed.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Henrietta Ballard, Miss Rowena Gilbert, Miss Etta Trevethan, Miss Dora Vine, Miss M. Elliott, Miss Jane Graham, Miss P. Robinson, Miss K. Kohler, Miss K. A. Roberts.

QUESTION FOR NEXT WEEK.

At what season of the year is infant mortality the highest? How may it be lessened or prevented?

THE NATIONAL COUNCIL OF TRAINED NURSES.

It has been decided to hold a Day's Conference convened by the National Council of Trained Nurses in London at an early date. The Papers will be grouped under the heading of "Nursing and War," and should prove of great interest not only to trained nurses, but to the general public. Quite a number of experts have promised to be present if possible. The amount of wonderful work which is being done at home and abroad for the care of sick and wounded would take a week to discuss, but there are many questions which trained nurses are attempting to solve to which useful consideration can be given in a day. A Resolution urging the imperative need for the immediate passage by the House of Commons of the Nurses' Registration Bill will be submitted to the Conference, and in the present feeling of the profession at large it should meet with hearty support.

LONDON COUNTY COUNCIL (GENERAL POWERS) BILL, 1914-1915.

At the meeting of the London County Council on April 27th, the Parliamentary Committee reported that the London County Council (General Powers) Bill, 1914-15, which was passed with amendments by Select Committees of the House of Commons in the last session of Parliament and then suspended until the session of 1915, now awaits consideration stage in that House. The Bill contains proposals dealing with the testing of high-pressure gas meters, music and dancing licences, the control of lying-in homes and establishments for nursing or special treatment, the control of premises upon which celluloid or cinematograph film is manufactured or stored, and certain miscellaneous provisions.

The Bill has so far made no progress in the present session, owing to the opposition which is being offered by certain trade interests in connection with cinematograph films.

LEAGUE NEWS.

GUY'S HOSPITAL NURSES' LEAGUE.

The Dinner of the Guy's Hospital Nurses' League is always a most enjoyable function, so enjoyable indeed that one is tempted to wish other Leagues would follow its example.

This year, at the Dinner on April 23rd, the number of members present was considerably below the average, but for the best of reasons—that the absent members were engaged in nursing sick and wounded soldiers, at home and abroad. Miss Houghton, the Matron, presided at the principal table in the handsome and spacious dining room in the Nurses' Home; on her right hand was Miss M. Huxley from Dublin, and on her left Miss Swift. Another honoured guest was Miss G. A. Rogers, who has close associations with Guy's, and "the Front" was represented by Miss Kiddle, in Territorial uniform, home from France for a few days' leave. It will be remembered that with Miss Stuart, now an acting Matron, she had the honour of being mentioned in despatches, and she had a very warm welcome from her colleagues, one of whom remarked later that she thought that at least Miss Kiddle would have been mounted on a pedestal.

The fact that the Dinner took place on St. George's Day was responsible for the unique menu cards, a scarlet map of England on a white background. On the map in white and gold relief appeared the patron saint of this country. On the fly-leaf was the menu. The name cards also bore the St. George's flag, the Matron wore white roses tied with crimson ribbons, the decorations of the tables were roses, and the crimson rose which each of the maids had pinned on the left-hand corner of her apron bib added much to the air of festivity.

The toasts were "The King," honoured, as was fitting, in lemonade; and "Absent Friends," drunk with much enthusiasm.

THE BUSINESS MEETING.

After tea and coffee had been served, the business meeting was held in the Nurses' Sitting Room, than which there is no finer in London.

Miss Swift was voted to the chair, Miss Houghton saying that she had retired from Guy's but was now even busier than when Matron there. In speaking a few words of welcome and expressing her pleasure at being amongst Guy's nurses, Miss Swift said that she did not know that she was busier than in former days, but her present work under the Joint War Committee was so different. She had hoped that Miss Rogers, her most valued assistant at St. John's Gate, would take the chair, but Miss Rogers had declared she was too tired. It was very nice to see so many Guy's nurses, and to know that so many more were busily occupied. Nurses had reason to be more thankful than most women at their opportunity of helping at the present time, and members of the League were to be found in all parts where the Allies were fighting.

ANNUAL REPORT.

The Annual Report was presented by Miss Haughton, who said that in many respects it was a negative one. Eighty-two associates had become past members, 100 week-ends had been spent at the cottage, and 1,273 short visits paid; 2,330 volumes had been taken out of the library during the year. Owing to the war, for the first time since 1895, the Musical Society had had no practices and given no concerts. The Debating Society had not been active but the members had been so busy with other things. Miss Haughton mentioned as one of the activities of the year the opening the new Massage Department, which now was a regular school taking outside pupils for six months' training.

The Photographic Society had a small display, and interesting photographs had been received from nurses on active service, Miss Jentie Paterson having contributed many, but now all the cameras had been sent home.

The issue of a new Nursing Guide and Register had been postponed till after the war.

Some 130 members were in France on active service, and 150 more engaged in nursing the sick and wounded at home.

The League had lost by death during the year Miss Mabel Pilcher, Lady Superintendent of the Government Hospital at Lahore, who died at Marseilles on her way home, Miss Lottie Yeoman, and Miss Clara Hawkins who had died in the hospital.

FINANCIAL REPORT.

In the absence of the Hon. Treasurer, Mrs. Fagge, Miss Haughton presented the Financial Report. The addition of an extension to the cottage had been under consideration, but owing to the increase in the cost of building materials it had been decided to postpone this until after the war, and to pay off £350 from the debt upon the cottage reducing it to £1,000. After this had been done there was a balance in hand of over £43.

Miss Haughton also mentioned that the Nurses' Missionary League had had an all day working party, which was most interesting and resulted in a most useful box of garments and bandages being sent to Mrs. Norman Walker at the Hing Hwa Hospital, China. Messrs. Down Bros. had been, as heretofore, most kind in providing a tin lined box in which to despatch this welcome gift.

Miss Swift, who moved the adoption of the Report from the chair said that it was most satisfactory to her, as she and Miss Smith used often to discuss the chances of ever reducing the debt on the cottage to £1,000. The adoption of the Report was carried unanimously.

ELECTION OF HON. MEMBERS OF COUNCIL.

The meeting confirmed the election by the Council of Mrs. Walter Burns, Mrs. Hertz, and Mrs. Mollison as Hon. Members, in place of three retiring members. In proposing a vote of thanks to the Hon. Officers, Mrs. Poolman said what a pleasure it was to past members to come

to these meetings, and to feel that they belonged to the splendid League of such a splendid hospital.

RESULT OF BALLOT FOR THE ELECTION OF MEMBERS OF COUNCIL FOR THE ENSUING YEAR.

Photographic Society.—Sister Mary (Miss Edmonds), Nurses Webster, Broome, Longbourne, and Howis.

Swimming Club.—Sister Job (Miss Marriott), Nurses Loughnan, Hook, Casson, and Rees.

Nurses' Debating Society.—Sister Marion (Miss Grations), Nurses Gladstone, Ledlie, F. Edwardes, C. Dean, and Macfarlane.

Tennis Club.—Sister Esther (Miss Mannell), Nurses Rowan, Hook, Webster, Casson, and Hayne.

Choral Society.—Sister Astley Cooper (Miss MacManus), Nurses E. A. Smith, Hughes, M.K. Hayne, and Loxton.

Nurses' Library.—Sister Light (Miss Payne), Nurses Claxton and Burton.

Needlework Representatives.—Sister Naaman (Miss New), Nurses Bollard and Bailey.

Miss Evans proposed and Miss Rogers seconded a vote of thanks to Miss Smith, Miss Rogers saying she was not too tired to do that, and she knew all the spade work which fell to the lot of a secretary. On the proposition of Miss Haughton, Miss Kiddle was asked to take back with her to France a special greeting to the members of the League working there; and after the usual votes of thanks the members adjourned to inspect and enjoy the collection of photographs sent by members, after which a very pleasant evening was brought to a conclusion. M. B.

NURSING AND THE WAR.

The Wounded Allies Relief Committee have already sent to Serbia two Belgian doctors—Dr. René Louwens, physician to St. Elizabeth's Hospital, Antwerp, and Dr. Camille Vennens, a Belgian Army doctor who with two nurses, Miss Mentschekova, a Russian lady who can speak Serbian, and Miss Ellen Thompson are now at work at Kragujevac. Miss Edith E. Pierce-Toms, Miss Dora Johnson, and Miss M. I. Kidd, left on Tuesday to join them, and the Matron, Miss Edith Mackenzie, with Miss J. Miller, Mrs. Alicia Palmieri, Miss Daisy Phillips, Miss Dora Millthorpe, and Miss Elizabeth Bertram leave on Thursday, April 29th. Miss Mackenzie was trained at the Southwark Infirmary, East Dulwich, and has held posts at the Monsall Hospital, Manchester, the Tolworth Isolation Hospital, and the Belvidere Hospital, Glasgow, and has recently been Home Sister at the City Hospital, Yardley Road, Birmingham.

One of the most glorious realizations in this War is the fact that from the four quarters of the globe British nurses have foregathered in their hundreds and are to be found wherever our soldiers and the soldiers of our Allies are stationed. This really gives one an imperial thrill; and although great-

hearted women from neutral countries are also giving service, as one Canadian sister said to us, "I do like to feel we are in this tussle and are really helping in this struggle for liberty—after all, neutral nurses are *not* the real thing, their own men are all safe at home."

As the official organs of the National Associations of Nurses come to us over seas month by month, it is apparent how greatly trained nurses appreciate serving the sick and wounded in this War. All contain letters from nurses on active service, from which we gain very interesting glimpses of their work and lives.

Thus Miss Helen Aukett writes from Alexandria to the *Nursing Journal of India* :—

"We are having an interesting time here in Alexandria. The hospital is being gradually got ready for expected patients. 'A' Section of 100 beds and 'E' Section of 40 look very fine; the latter is to be increased, if necessary. We are all working hard to have everything in readiness. Last Sunday, four of us got leave for two days—so off we went to Cairo. It was simply delightful, such a jolly trip." We saw the Pyramids and Sphinx, inside and out, by moonlight and in the day. It was fun riding round on a camel, but my beast played me a nasty trick, for it ran off with me away over the sand. How it went. My hat fell off; I gripped on as hard as I could; still on it went past the Sphinx. Fortunately, an Arab ahead saw us coming and he stopped the beast with outstretched arms. I have since learned how to converse with a camel—soft and low to stop it, and loudly to make it go. The Australians, of Mena Camp, have to march daily in the desert for ten or twelve miles; we met different companies and received loud cheers! I did not much like the inside of the Pyramids; you enter and the thought strikes you, 'shall I ever return,' for the way is so narrow and you feel so closely surrounded by great rocks, that it is a natural thought. The ground beneath your feet is so slippery—worn by the passing of thousands—that it is quite a difficult matter to keep one's footing. We arrived after much slipping and scuttling at the Queen's Room, a place composed of huge pieces of alabaster, where we were glad to sit and rest. The return journey was most trying, and once I lost my footing entirely and went slipping back, greatly to the annoyance of the guide, who had to help push me up again. I could not help seeing the funny side of it, and laughed so much, that at last all the others joined in and the guide said, 'Pyramid no laugh like this before.' We were pleased to reach the outside of the place. The guide was quite an interesting man, very well educated, only he mixed his English. He had been to India; he had a fine face, and was cleanly dressed in a silk gown.

"We went to Heliopolis near Cairo, where the Australasians have another camp. The Palace Hotel has been turned into a large hospital of 1,000 beds. We went over it; everything was so nice. They have sent 80 doctors and 160 nurses

from Australia, and all equipment. The gardens in Alexandria are lovely, mostly English flowers plus the Indian species. Such roses, huge bunches of deep crimson buds for one piastre (2½d.); their scent is perfect. The violets are lovely, but the Arabs have a sly trick of bunching them and then encircling them with scented geranium leaves, so all their own perfume is lost. There is an artful old Arab in a side stall who lets you snuff and snuff, but when you scorn the geranium lot, he brings out a paper bag most carefully pinned, and assures you 'these are for the military,' and then he produces the real stuff; such gems. He enjoys the joke and chuckles away. There is a small Zoo here, mostly Indian animals and birds, but it is so badly kept and the odour is such it is necessary to view the specimens with one's handkerchief to one's nose. It is time to conclude this letter."

A Canadian nurse, writing of work at Boulogne in the *Canadian Nurse*, says :—

"... The hospital is entirely enteric here... and is rapidly filling up. The ward in which I have been working had the doubtful distinction of losing the first patient who had been inoculated. About five minutes later one who had also been inoculated died in another ward. The Medical Officer in our ward puts some of the cases on Iodine treatment. They seem to have a shorter course and the tongues are more moist than the others. ... The compound is really wonderful, and is 'mentioned in despatches.' They have brought all the bathing huts from the beach and placed them in rows in the enclosure. They have about one hundred and fifty patients, four Sisters and twelve orderlies. The convalescent enterics, able to walk, and all contagious cases, are sent out there. When it is raining the Sisters don rubber boots, rain-coats, and sou'-westers and quite enjoy it. Their only objection is the officers. They usually have about eight, and you can imagine the trouble getting trays for them. It is quite annoying to start out with a tempting tray and half-way to the hut meet a gale from the sea which turns over a jug of cocoa! I have not been out there, but our division overlooks it, and they have a few worries!

"The ranks of the English Sisters are quite distinct, and there is a great deal of feeling between them. I don't as yet know the fine distinctions, excepting that the Q.A.I.M.N.S. wear red capes and are the most important. Then there are the Q.A.I.M.N.S. Reserve, and C.H.R. (Civil Hospital Reserve), and Territorials, and one wears a decoration on one corner of her cape and one on another. Unless you are a Q.A. you never wear an all-red (hideous) cape. (We think it very picturesque.—Ed.) The others wear a minister's grey with a red border.

"They are all very agreeable to work with, and, have been exceedingly nice and kind to me."

We hope all our overseas Sisters helping to nurse our sick and wounded have met with kind-

ness from their colleagues at home. In military nursing grades and discipline are very necessary. This is, of course, a little strange to "civil" nurses at first.

The High Commissioner for Australian residents in London has sent a cable which has been communicated to the Australasian Trained Nurses' Association which states that many nurses are arriving in England in the hope of obtaining military appointments, and are meeting with disappointment. Only certificated nurses trained for at least three years in general public hospitals of over 100 beds can possibly be eligible. Nurses going unofficially must be between the ages of 25 and 40, and must bring, addressed to the Chief Matron, War Office, a sealed statement from the Matron of their training school, recommending them as suitable for military nursing, and verifying full general training.

Dr. Elsie Inglis, the inaugurator of the Scottish Women's Hospitals for Foreign Service, has left London for Serbia.

Dr. Alice Hutchison, chief medical officer of the second unit of the Scottish Women's Hospitals, left London on Saturday for Serbia. The party included 4 doctors, 1 sanitary inspector, an administrator, a Matron, and 30 nurses, a baggage master, and a handy man. They are taking the equipment for a mobile base hospital of 200 beds. In addition a Matron and six nurses for the Scottish Women's Hospital at Kragujevatz are travelling with the party.

Trained nurses cannot impress upon our soldiers too urgently the danger of drinking unboiled water. The poor tired thirsty men will drink what is to hand in hot weather. A nurse writes: "I have heard soldiers say they have drunk water out of Jack Johnson holes with dead men in the water floating about. . . . We are sure of much sickness by and bye—there are so many corpses unburied. We are preparing for it. How sad to lose these brave fellows from preventable sickness. If they could only be made to realise the dangers of dirty water more."

In conformity with the War Office requirement that there shall be a certain proportion of trained nurses in hospitals run by Voluntary Aid Detachments, two were recently sent to fill such posts. When they arrived the Commandant promptly put both on night duty, and the members of the Detachment remained in undisturbed possession on day duty. This is a point on which regulations might with advantage be issued.

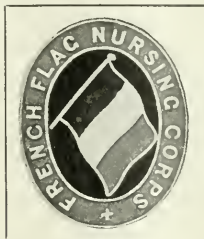
A message from Rome states that the Duchess of Aosta has been appointed Inspector-General of the Red Cross nurses, and has entered on her duties.

British nurses owe their Queen a debt of gratitude that she has never posed before the camera in nursing uniform, like the majority of foreign royalties.

FRENCH FLAG NURSING CORPS.

Miss Isabel Hutchinson, Hon. Secretary of the F.F.N.C., has designed a charming badge for the Corps. Shaped oval, the ground is blue enamel in centre to show up the French Flag in the national colours of red, white, and blue, with the name of the Corps in gold lettering around the edges of the badge on a red ground. These badges will, no doubt, be very helpful to the members when travelling, and will, we feel sure, be kept as much-valued souvenirs of their association with the glorious French Army, to the sick and wounded of which they are rendering such signal service, and learning from them, as our nurses on active service with the chivalrous British troops and their Allies learn every day, how valiant a being is man broken in war.

Letters have been received from Sisters sent to Besançon, where ten were required, to nurse both in the infectious hospital and in the surgical



THE BADGE.

hospital. In the former, which was formerly a barrack, there are several pavilions containing 500 beds. A Sister writes:—"We had a very warm reception here; some kind French soldiers at Besançon station gave us tea and coffee and bread and butter, which was most acceptable after travelling all night in the train. Two soldiers were also sent along with us to carry hand-baggage to the Military Hospital."

"Everyone here has been most kind to us. Already I feel greatly indebted to them for their splendid efforts in trying to make us all happy and comfortable. Besançon is a great military centre and the surroundings are most beautiful."

Another Sister writes:—"This hospital is set aside for the wounded and can take 600. . . . The doctor we work for speaks English very well, as does the man who waits on us. We work all morning in the theatre assisting with dressings; we also look after the bad cases. The French ladies do a great deal for the patients. The weather here is quite warm, and as we are just on the frontier we can see the beautiful Swiss mountains. The French people are exceedingly kind and do everything to make us happy." No doubt the English nurses will return the compliment.

Sister Mitchell and her Scottish Unit still continue to enjoy their work thoroughly, and none of them intend to return home, as they expect to be very busy in the near future. Miss Ellison recently paid them a visit, and stayed the night at the cottage, taking with her a supply of linen and comforts for the patients sent through Lady Barclay from the French Relief Fund; new shelves have had to be fitted in their little linen room for this grand supply. The Médecin-Chef invited them all to dine. Two barracks have been set up on the lawn, each containing twenty beds. Every now and then a Taube pays them a visit, and recently eight bombs were thrown down quite close—plenty of terrific noise, but luckily no injuries.

Very happy news comes from Bergues; we hear of very steady improvement in St. Union Hospital, "enough to cheer anyone's heart." as a Sister writes. "You really would not recognise it as the same place as when we came. The authorities have now built for us a lovely lingerie, where we have arranged all the precious donations of socks, shirts, blankets, 'dressing gowns—so highly appreciated by the patients. 'All good things come from England,' they say so often. As the typhoid epidemic diminishes the number of bad pneumonia cases seem to increase, so our ninety beds are nearly always full."

A FACTOR OF THE ENTENTE CORDIALE.

Sir Claude M. Macdonald, of the Anglo-French Hospitals Committee, has paid a visit in France to the hospitals there established under its auspices. Sir Claude, ever frank, owns these varied establishments are not absolutely perfect, but states that one fact stands out in every single case, and to it there is no exception, and that is the deep gratitude and affection of our wounded Allies towards their English *personnel*. This feeling is evidenced in many ways, and is in some instances pathetic in its intensity. The news, he says, of what we have been able to do to help our friends will undoubtedly be carried to many a French regiment and distant home, and will go far to consolidate the cordial feeling between the two nations which our enemies are trying so hard to undermine. He ventures, therefore, to think that these Anglo-French hospitals are a powerful factor in aid of the Entente Cordiale, and are therefore worthy of every support.

That is the bed-rock reason why we have had great pleasure in helping to organise the French Flag Nursing Corps, and send its members on their important mission of international goodwill to our gallant French Allies.

King Albert has telegraphed to the Lord Mayor as follows:—"The formation of the National Committee for Relief in Belgium testifies to the unflinching generosity of the British nation. Be assured that Belgium will ever remember the brotherly aid so lavishly bestowed. Accept for yourself and the honoured members of your Committee the expression of my sympathetic gratitude."

NEWS FROM THE FRONT.

REPORT OF THE URGENCY CASES HOSPITAL.

As it is found that all the cases arriving by train at the Urgency Cases Hospital at Bar-le-Duc are septic, arrangements have been made to fetch cases direct by our own ambulances from Clermont, Les Islettes, Ste. Meneshould.

At the request of the French Government, the number of beds was increased from 60 to 100, without at the same time increasing the staff.

Colonel Mayo-Robson arrived home on April 1st, to take up his duties under the War Office in England, leaving Mr. J. A. Cairns Forsyth as Médecin-Chef.

The French Authorities have been uniformly civil and obliging, General Mignon especially being much liked by all the members of the staff. He (General Mignon) was much impressed by our radiographer's X-Ray work; he spent an hour watching cases photographed on March 24th. Ever since this, the big French Hôpital Central has sent a number of cases to be X-rayed every week, and much appreciates the results.

It has been found impracticable to move serious abdominal and head cases from the front, as the roads are bad. These cases are attended to by a French Field Hospital—nearly all are lost unfortunately—especially the abdominal ones. In consequence of this, the Urgency Cases Hospital gets mainly cases of shattered limbs, brought in by our own ambulances straight from the front. The slighter cases go on by train to Paris or other Base Hospitals—only the more serious cases being accepted at the Urgency Cases Hospital.

At present, about 90 cases are being treated—the number varying a little from day to day, of course.

IN A SERBIAN HOSPITAL.

Miss Flora Scott, writing to a friend in Leicester, where she was Superintendent of a Nursing Home, from the 7th Reserve Military Hospital, Skoplj, says:—

I have removed from the 3rd Military Hospital, where I first went, and am now nursing typhus, which is very prevalent here at present, as no doubt you know. Round about Skoplj there are about 3,000 Austrian prisoners. These poor fellows, all through this terrible winter, have been sleeping in the basement, cellars, and outhouses of old Turkish barracks, about two miles up the mountains from Skoplj. Some five or six weeks ago we heard they were dying at the rate of 20 to 30 per day of typhus, with no one to help or go near them. Serbians are terrified of this disease. Lady Paget said something must be done, and got permission to use three pavilions of the barracks to nurse them in. Each pavilion takes about 100 beds. Two other sisters and I volunteered to go and nurse them. No one could believe, if I told them, the terrible state of those

poor men. In one building living and dead were lying together, the living too ill to move, and had not had even water for three or four days. Oh! the state of everything—the weather bitterly cold, thick snow, and not even straw to lie on.

A GHASTLY BUSINESS.

It was, indeed, a ghastly business, sorting out living and dead, and more than terrible to see the plight of these poor men. However, we have now got our hospital in a little order, and the poor men have at least sacks of straw to lie on. A few days after we had commenced the work Lady Paget was taken very ill with typhus. Then one of the doctors fell two days afterwards so one sister had to go and nurse them. Three days after the other sister also took it, and for about ten days I was left alone, with only the convalescent Austrians to nurse these poor souls. Never can I forget it. I felt so helpless. I could get little else done than just give medicines, drinks, and other necessities. But these men are so grateful. Although I seemed the only woman about the place, neither day nor night did I feel in any way nervous.

Typhus is a very distressing disease, and generally patients are delirious for a day or two. Their cries and groans are fearful. Yet it repays one to see them getting better, and you feel all your worry and work have been worth something. I cannot possibly describe to you the gratitude and looks of these men. Their eyes seem to follow you everywhere you move in the wards, and wherever I go every man I pass stands and salutes.

Two days ago two new sisters from England came to help, so things are not quite so hard, but conditions here are very dreadful.

NURSING UNDER DIFFICULTIES.

For instance, the weather a fortnight ago was intensely cold, with deep snow three days. Unfortunately we were without wood, and could not get it up here. The roads were too bad for the oxen to pull heavy loads up here through the thick snow. These poor men lay without fires, and only one army blanket each. It was too shocking. Yet we were helpless, and could not in any way give them warmth. There was no fire to heat water. Oh! Never have I felt so cold and wretched. Another day when I went on duty, all were craving for a drink. There was not even a glass full of water in any ward, and for eight hours we could get nothing but snow water. No one, until they had lived up here, could in any way realise the difficulties one has, and continually I have asked myself: Is it doing a scrap of good to stay here? Then when I go into a ward and see their faces light up, and hear them say in their Austrian language, "Sister, a drink," I feel I must stay. Also we are terribly short of food. Honestly, for three days everyone complained of being hungry. We could not get food up. Even now our stores are short. The

cocoas, chocolates, Bovril, prepared foods, and biscuits which we brought out have been a real godsend to me. Often I have made the patients these on my little spirit stove, and it has been grand to see their look of gratitude.

These poor patients get very little, if any, attention through the night. Two Austrian men stay up in the ward, but none of them seem to have any idea of nursing. If anyone asks for drinks, and can hold their mug themselves, they get it; if not, well, they just have to go without. They think it wonderful I feed and give the poor, half dead men drinks with a spoon, and a feeding cup I do not think they had ever before seen. Of course, when they are better they have to go to work again, making

ROADS THROUGH THE MOUNTAINS,

building barracks, &c., and live again in the basements, barns, &c.; but now they are all cleaned, and they have nice straw to lie on, and a meal once a day. Lots of the poor fellows are well educated, and a few quite wealthy gentlemen. How many times a day do I bite my lips to keep back tears when I see these poor fellows doing horrid work, and living in such bad places.

Their language has been very trying. In one of my wards I have men of nine nations, Serbians, Austrians, Magyars, Italians, Germans, Albanians, Bulgarians, &c., and it is most difficult to know what they want. I love being here, and I cannot imagine there is a more beautifully situated place in the world. As I told you, these barracks are in the mountains. We are at the highest of the Balkan range, and, of course, it is always covered in snow. It is very wild and quiet, except at nights, when the prairie dogs, &c., come out. There is also an eagle which we occasionally see flying around.

LIVING IN THE BARRACKS.

We are living in the barracks really, so it is very interesting. We are kept to time by bugle, and it is lovely to see the soldiers training.

Mr. Kitchener, who has recently returned from Skolpji, reports that the epidemic of typhus there is now well in hand.

ONE VAST AMBULANCE.

The saddest accounts are coming through from the Turco-Russian border, a thousand deaths daily from typhus and smallpox are reported from Erzrum. The mortality is heavy amongst the doctors. The stocks of medicines and disinfectants are exhausted, while the circle of stagnant waters round the town and the unburied corpses everywhere are a fruitful source of disease. As to the villages, massacre, devastation, and famine have been their portion. Trebizond itself is half in ruins, and has been abandoned by all who could afford to leave by sea. The undestroyed part is one vast ambulance.

SOME NOTES ON THE WORK OF FIELD HOSPITALS.

BY A NURSE IN A FIELD HOSPITAL.

The wounded are fortunate if they are within ambulance distance of a Field Hospital. When one has seen a badly wounded man brought in, covered with mud, tortured with pain and cold, with field dressings, certainly, but, in many cases, hours, even days, of exposure endured before even these could be applied, then one realises the boon these hospitals are, and what splendid work they do, with first-rate surgery and skilled nursing, always seeing the worst of a case through before letting the patient embark on the long tedious journey to the base hospital.

That our Field Hospitals are valued by our Allies as well as by our own wounded, one has only to say a few words to them to find out, though occasionally it is only when the evacuating order has been given, and the stretcher is ready by the bedside to take them to the ambulance that they show, by a few words of gratitude and regret, their appreciation of what has been done for them, as one gives them a final hand-shake, and a "bonne chance." Others, however, are continually congratulating themselves on being in such good hands, in preference even to hospitals of their own nationality. They are not accustomed to the unceasing care and attention they get in English-staffed hospitals, and they think it a wonderful thing never to be left, night or day—always a "soeur" within call. The constant dressing of wounds, too, instead of a dab of iodine once in twenty-four hours—which is all the care many of the hospitals seem able to give—is to them a surprising experience.

There, to the booming chorus of guns only a few miles away, with often through the day a bout of shelling or a Taube raid to be got through, looking from bed to bed at these splendid men, hardly one of whom is without some limb gone, one cannot wonder that their nerves are shaken for the time and that the strain of the bombardments, while they last, is almost more than they can bear, and is far more trying for them than for those who are hale and well. Some of them pathetically apologise, saying that they used not to be afraid. In the same way, when some of these terrible wounds are being dressed, they seem to give way entirely and lose all control, their piteous cries making the dressing, under difficult conditions to begin with, even harder to carry out satisfactorily. When, however, they explain and say: "You must forgive me, it is not of my own wish I do this, I wouldn't if I could help it," one is completely disarmed and feels that no trouble is too much in order to try and make up a little to these men whose lives and pursuits, as men, are ruined for ever.

When there is time to listen, which there seldom is, many of them have interesting stories to tell.

One man had been a prisoner for some weeks, till one day, seeing the sentry at the gates of the factory where he was working was asleep, he and five others got past him and escaped. He hid in a wood for two days, without food, then got something to eat and a change of clothes at a farm, and eventually rejoined his regiment.

The Germans who were brought in, though quite docile and easy to deal with in hospital, were, one and all, firmly convinced that England made the war, in spite of every argument to prove the contrary.

THE CARE OF THE WOUNDED.

The Bishop of London, speaking in a sermon of his visit to the Front, said that one of the most touching things he was allowed to do on the other side of the water was to consecrate all the graves of our soldiers he could find.

We are glad to know that co-operation is now to exist between the Army Council and the public health authorities in regard to sanitary matters. How much sickness and how many deaths would have been saved had the following orders been put in force last August.

The following orders to medical officers of health are included in the circular issued by the Local Government Board:—

"The county medical officer of health should obtain from the district medical officer of health each week information (a) of the occurrence of any military cases of infectious disease which have come to his knowledge in the district; and (b) of any new movements of troops into or out of the district which are known to him."

In view of the occurrence of sporadic cases of cerebro-spinal meningitis ("spotted fever") in the civil population, arrangements have been made for visits by a bacteriologist where required and for the laboratory examination of material obtained from the contacts of cases. Corresponding arrangements have been made by the Army Council for military cases. The Lords of the Admiralty have also asked the Local Government Board to co-operate with them in regard to sanitary affairs.

Notes are appended on the inspection of billets and camps by medical officers of health. Notice of proposed billeting must be sent to these officers, who may advise as to the prevalence of infectious disease in the place and as regards water supply or sanitary matters. Regular inspections of the billets are carried out, and recommendations made. The same principles are applied to camps; and it is laid down that overcrowding shall not take place in huts or similar places. Special precautions are outlined in respect of typhoid fever and cerebro-spinal meningitis.

Arrangements have been made for the inspection of food prepared by Government contractors for the Army Service Corps. It is advised that special

attention should be paid to sausages, meat pies, brawn, and canned and potted meats.

Lady Bushman's scheme to create a fleet of "named" Red Cross ambulances, each ambulance bearing the Christian name of the women who subscribed for it, is completed. The sum raised was £10,000, which will provide twenty-two ambulances.

Lieutenant-Colonel A. W. Sheen, writing from Netley, makes an appeal to the people of Wales for some games, amusements, and what might be called "hospital luxuries," for the wounded and sick soldiers from France in the Welsh National Hospital, which contains 200 beds. Amongst other things that would be appreciated are a Welsh pony as a mascot and a bathchair in which it could be harnessed, bagatelle and miniature billiard tables, gramophone, and materials for cricket and other outdoor games.

The Wounded Allies' Relief Committee (Sardinia House, Kingsway) is sending to Montenegro Dr. Isabel Ormiston, who for the past three years has been Chief Medical Inspector of Schools to the Tasmanian Government.

Dr. Louise McIlroy is to be chief surgeon and Dr. Laura Sandeman chief physician of the new military hospital of 200 beds shortly to be opened at Troyes, and Mrs. Harley, who has been acting as administrator at the Scottish Women's Hospital at Royaumont, has gone there to assist in starting the work of the new unit.

In recognition of the devoted services rendered by Lady Paget to Serbian wounded and victims of the typhus epidemic, the Municipality of Uskub has decided to re-name one of the finest streets of that city "Lady Paget" Street. Lady Paget, who contracted typhus, is now convalescent.

A very useful combination knife and fork has been designed whereby wounded soldiers who have only one arm can easily feed themselves.

SANDBAGS STOP BULLETS.

Miss M. L. Tyler, Linden House, Highgate Road, London, N.W., sends us the latest instructions and official measurements for sandbags:—*Material*: Hessian (jute). *Size*: 33 in. by 14 in. when made up. *Seams*: Put edges together, turn them up once, together; sew over strongly with string or stout linen thread (or machine twice with thread, *not chain stitch*). Take deep stitches. One end to be left open (lightly caught or raw-edged). Turn bag inside out, and tie on a piece of stout string to close sack when filled. N.B.—Wide turnings, strong seams. The bags are tossed about, and must stand strain. Empty bags sent to Miss Tyler are sent on to the front without delay. Millions of bags are wanted.

JOINT WAR COMMITTEE.

The following nurses have been deputed to duty in home hospitals.

Red Cross Hospital, Alnwick, Northumberland.—

Miss E. A. Spearey.

Burloes Red Cross Hospital, Royston, Herts.—

Miss L. M. Morgan.

Red Cross Hospital, Darley Dale.—Miss A. Crawford, Miss M. Jelly.

Pinner Place V.A.D. Hospital, Pinner.—Miss C. Murison.

Chesters V.A.D. Hospital, Humshaigh, Northumberland.—Miss E. Anderson.

South Lytchet Manor, Poole.—Miss I. Fyffe.

V.A.D., Miller Institute, Barnstaple.—Miss M. Van den Meulen.

Officers' Hospital, Stoodley Knowle, Torquay.—V. M. Cobbett.

Beaufort Hospital, Wimborne.—Miss E. Phillips.

Froyle Place, Alton, Hants.—Miss M. A. Withers.

Bulstrode Park, Gerrard's Cross.—Mrs. M. Clarke.

V.A.D. Hospital, Strood, Rochester.—Miss E. E. L. Jenkins.

Hilders Military Hospital, Haslemere.—Miss E. M. Dowling.

V.A.D. Hospital, Kington, Herefordshire.—Miss E. Peacock.

Yarrow Military Hospital, Broadstairs.—Miss E. M. Corder.

Northwood Hospital, Cowes.—Miss F. Moscrop, Miss L. E. Gorman.

Broadwater Hospital, Ipswich.—Miss A. Jameson.

Coombe Lodge, Great Warley, Essex.—Miss M. G. Hunter.

Braeside Hospital, Loughton, Essex.—Miss D. Grey.

Sandacres, Parkstone, Dorset.—Miss A. E. Colburn.

V.A.D. Hospital, Cattal, Yorkshire.—Miss G. E. J. Stephens.

St. Giles House, Verwood, Salisbury.—Miss A. Goffe.

Temp. Hospital, Exeter.—Miss E. Hamman, Miss A. N. Macqueen, Miss E. A. Jones.

Hill Hospital, Lower Bourne, Farnham.—Miss Mary E. Wood.

Enquiries at St. John's Gate prove conclusively that there is no shortage of nurses at present. Neither the King George Hospital nor the Brigade Hospital are yet in working order or likely to be at present, and meanwhile there are between 700 and 800 nurses available for duty.

The Red Cross sale at Christie's, in aid of the funds of the British Red Cross Society and the Order of St. John of Jerusalem, has brought in the handsome sum of £47,400.

The concert to be given by Madame Clara Butt and Mr. Kennerley Rumford, at the Albert Hall, on May 13th, for the same object, promises to be a great success. Amongst the sums already received is 100 guineas from a wounded officer, for a box which he has placed at the disposal of the nurses who attended him in his illness, for their exclusive use at the concert.

A SPECIAL RESPIRATOR.

The fumes of modern shells are very harmful for the men exposed to them. The special respirator shown in our illustration is made so that men exposed to these fumes can breathe a purer air. There is an ingenious little valve on the top, which opens to allow the air to come out when exhaling, but closes and prevents ingress during inspiration.

But it is not only the fumes of shells with which the Allies have to contend. The military correspondent of a contemporary states that "the use of such shells as were employed by the Germans in the action north of Ypres can only be classed with the poisoning of wells or the dissemination of the germs of plague or cholera. Filled with highly-compressed carbon-monoxide, or some similar heavy and deadly gas, their employment seems to have been successful in compelling the French to retire for a short distance. But, regard for conventions apart, no army would use these projectiles unless its chiefs believed the position to be desperate, for it is perfectly easy for an enemy to retort in kind."

It is pointed out that the employment of this diabolical device is in direct contravention of the Hague Convention, which was signed by Germany among other nations. The declaration relating to the use of asphyxiating gases sets forth that "the contracting parties agree to abstain from the use of projectiles, the object of which is the diffusion of asphyxiating or deleterious gases."

The phenomenon of asphyxiation may be divided into three distinct classes, arising in the main from the following causes:—

(1) Asphyxiation resulting from the initial velocity (a) of the projectiles and the rapidity with which these are fired; (b) the "bursting height" of the shell and the ricocheting power prior to explosion.

(2) The material employed in the modern common and shrapnel shell.

(3) The material employed in grenades or bombs now in use by the Germans in the case of projectiles the sole objective of which is asphyxiation.

It has been suggested that the gas used is carbon monoxide, but this is controverted by

another authority on the ground that under normal conditions carbon monoxide is slightly lighter than the air, and, when expanded by heat is so much lighter, that the air disturbance caused by the explosion leads to rapid upward diffusion and the gas is never present in dangerous quantities at the breathing level. A French official dispatch states that "A dense yellow smoke, emanating from the German trenches and blown by a north wind, produced an effect of complete asphyxiation upon our troops which was felt as far as our second line positions."

This description is consistent with the appearance and effect of sulphur dioxide which is a true asphyxiant, four parts in 10,000 of air rendering it unbreathable.

But whatever the gas may be it is essential that its effect should be counteracted, and the use of a respirator such as that shown in our illustration becomes of the utmost importance. A still simpler device is used by the workmen in bleaching chambers, who tie a strip of wet flannel impregnated with carbonate of soda over the mouth and breathe through it, allowing the air to return through the nostrils.

Late on Tuesday night the War Office issued the following communication:

As a protection against the asphyxiating gases being used as a weapon of warfare by the Germans, supplies of one or both of the following types of respirator are required by the troops at the front. Either can be made easily in any household.

First, a face piece (to cover mouth and nostrils), formed of an oblong pad of bleached absorbent cotton wool, about 5½ in. by 3 in. by ¾ in., covered with three layers of bleached cotton gauze, and fitted with a band, to fit round the head and keep the pad in position, consisting of a piece of half-inch cotton elastic 16 in. long, attached to the narrow end of the face pad, to form a loop.

Second, a piece of double stockinette, 9½ in. long and 3½ in. wide in the centre, gradually diminishing in width to 2½ in. at each end, with a piece of thick plaited worsted about 5 in. long, attached at each end, so as to form a loop to pass over the ear.

These respirators should be sent in packages of not less than 100 to the Chief Ordnance Officer, Royal Army Clothing Department, Pimlico.



Photo, Clark & Hyde.

A SPECIAL RESPIRATOR.

PRACTICAL POINTS.

SALINE INFUSION.

The three chief principles, says the *Nursing Journal of India*, underlying the successful administration of a saline infusion are :—

CHIEF PRINCIPLES TO BE OBSERVED.

1. Sterilise everything.
2. The temperature of the saline must not exceed 105° at the thermometer in the bulb.
3. The fluid must not be allowed to flow at a quicker rate than 1 pint in 20 minutes.

PREPARATION OF APPARATUS AND SKIN OF PATIENT.

To prepare a saline infusion everything should be thoroughly boiled for 10 minutes, *i.e.*, tubing, needles, water and saline.

The patient's skin should be thoroughly washed with soap and water and painted with Iodine over the area to be treated.

PREPARATION OF NURSE'S HANDS.

The nurse should then render her own hands surgically clean, by scrubbing with soap and water and afterwards immersing them in some antiseptic lotion.

The saline apparatus may then be handled and put together, and the skin of the patient having been made surgically clean by being well rubbed with Iodine, the needles may be inserted.

INSERTING THE NEEDLES.

Before inserting the needles the fluid should be allowed to run through the tubing, in order to ascertain—

1. that the tube is not blocked,
2. to expel any air that is in the tube.

TEMPERATURE OF SALINE, AND RATE OF ADMINISTRATION.

The saline should then be regulated to a temperature of about 105° and should not be allowed to run through at a rate exceeding 1 pint in 20 minutes. This enables the fluid (with the aid of continued gentle massage) to be absorbed as fast as it is injected. The clips between the bulb and the needles are for controlling the rate of flow.

WATCHING OF PATIENT DURING THE INFUSION.

A patient should not be left during an infusion as it is necessary to keep up a continued gentle massage and also to avoid the patient's hands, or bed clothes, rubbing against the area being treated, or knocking out the needles. Should, by accident, either of the needles be pulled out they must be thoroughly sterilised before being re-inserted.

WITHDRAWING OF NEEDLES.

When the prescribed amount of fluid has been administered, the tubing must be pinched: and the needles withdrawn (one at a time). The place from where the needles have been withdrawn should then be quickly dressed with a small piece of sterile wool and collodion.

WATCHING OF PATIENT AFTER INFUSION.

Any patient to whom a saline has been ad-

ministered should be carefully watched in case of an abscess forming, though if the three principles mentioned are strictly observed, the risk of an abscess is reduced to its minimum.

APPOINTMENTS.

MATRON.

The Glasgow Royal Maternity and Women's Hospital, 146, Buchanan Street, Glasgow.—Miss L. Flint-Baillie has been appointed Matron. She was trained at the Western Infirmary, Glasgow; and has been Ward Sister and Night Sister at the Glasgow Royal Hospital for Sick Children, and Ward Sister and Night Sister in the hospital to which she has now been appointed Matron.

Children's Convalescent Home, Weston-super-Mare.—Miss Madeleine A. Wilson has been appointed Matron. She received her general training at the Royal County Hospital, Guildford, and training in infectious work at the City Hospital, Lodge Road, Birmingham, and in the nursing of sick children at the Children's Hospital, Great Ormond Street, W.C. She has also been Sister at the Derby Children's Hospital, Sister of the Children's Ward at the Bradford Royal Infirmary, Night Superintendent in the same institution, and temporary Sister at the Children's School of Recovery, Ogilvie House, Clacton-on-Sea.

CHARGE SISTER.

South London Hospital for Women, Clapham Common.—Miss Maude L. Shipman has been appointed Charge Sister. She was trained at the Cancer Hospital, Brompton, and at the London Hospital; and has done holiday duty at the West Ham and Eastern General Hospital; and has recently worked for six months in France.

THEATRE AND HOME SISTER.

Bury Infirmary, Lancashire.—Miss G. Lovelady has been appointed Theatre and Home Sister. She was trained at Brownlow Hill Infirmary, Liverpool; and has been Sister of acute Medical and Physical Wards at Crumpsall Infirmary, Manchester, and Sister and Night Sister at Bury Infirmary.

SISTER.

The Royal Infirmary, Perth.—Miss Minnie Douglas has been appointed Sister. She was trained at the Royal Infirmary, Dundee, where she has occasionally done Sister's duties.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

TRANSFERS AND APPOINTMENTS.

Miss Mary Morrison is appointed to Tottenham; Miss Grace E. Servanté, to Tottenham.

RESIGNATION.

Miss Tisdell Superintendent Nurse at Farnham Infirmary, has been called up for military service; and the Board of Guardians, at its last meeting accepted her resignation with regret, and bore testimony to the zeal and efficiency with which she had discharged her duties during the past ten years.

EXAMINATIONS.

ST. BARTHOLOMEW'S HOSPITAL, LONDON.

FINAL.

The following probationary nurses have passed, in the following order, their Final Examination, after a term of three years' training, and gained certificates:—

Miss E. Fynne, Gold Medal; H. F. Fraser, F. E. Cole, F. St. Quentin, M. L. Gill, E. Cheetam, R. E. Alcock, K. M. Hawkins, W. Baker, G. Phillips, M. Vincent, E. Hutchinson, W. Haviland, M. E. Lincolne, J. M. C. Grant, P. E. Keen, N. T. Drake, K. Portnall, M. Newbold, G. Hancock, E. Norster, F. Lunham, E. Spackman, M. Stevenson, L. Duffett, A. Scott, E. G. Odell, F. Peto, P. M. Nussan, M. Samson, M. Morris, B. Henman.

PRELIMINARY.

The following Probationers have passed the Preliminary Examination, at the end of one year's training:—

Miss M. Z. Pomper, Prize of Books; L. Willey, F. E. Dunn, A. Wolsey, V. D. La Touche, K. V. Kaufmann, M. Lovell, N. Bagnall, M. Thorpe, D. M. Turner, R. Child, E. Evans, T. Milne-Robertson, B. K. Anderson, S. A. Griffith, B. M. Kemp, M. Hudson, D. Johnson, M. G. Whitridge, D. A. Woodward, M. Henderson, E. M. Fenn, A. Bunting, C. Robertson, D. Newton, H. E. McLan, M. G. Cramer, G. W. Hickson, L. G. Smith, V. N. Evans, A. M. Irvin, M. Edwards.

NATIONAL UNION OF TRAINED NURSES.

LIVERPOOL BRANCH.

On Wednesday, April 21st, a successful social gathering was held at the Nurses' Club, Boots' Building, Church Street. A large number were present, and after tea and light refreshments an informal programme of music was given and much appreciated. The Misses Hurter contributed violin and piano solos; Miss Nixon and Miss Tipper gave songs; and Miss Kewley, a recitation. Everyone enjoyed the evening; it was an opportunity to meet old friends and also for the members to get to know each other.

The lectures have been discontinued for the present, but it is hoped one or two meetings will be held during the Summer. The "Agnes Jones' Jubilee Memorial Service" will be held on May 12th, at 3 p.m., in the Chapel, Brownlow Hill Infirmary, when the Bishop of Liverpool will preach. This service should be of special interest to nurses, and it is hoped many will be present.

Miss Agnes Jones was the pioneer of Poor Law nursing, and was the first trained nurse to work in the wards of a Poor Law infirmary. She began at Brownlow Hill, and the service on May 12th is to commemorate that event.

M. M. TIPPER, *Hon. Sec.*

NURSING ECHOES.

May 12th is the anniversary of the birth of Miss Florence Nightingale, and in commemoration of this event, so beneficent and far-reaching in its influence, the Women's Freedom League will lay wreaths at the foot of her statue in Waterloo Place, an example which will no doubt be followed by nursing organizations. Certainly the International Council of Nurses, of which Miss Nightingale was an Hon. Member, will lay its tribute at her feet.

In the evening the Freedom League is organizing a meeting at the Essex Hall in her honour, in which a large number of Societies have been invited to take part.

As we go to press the thirteenth Annual Conference and Meeting of the Nurses' Missionary League is being held at University Hall, Gordon Square, W.C. The Conference is always a very interesting one, and we hope to give a full account of it in our next issue. The papers this year deal with general as well as purely missionary subjects, and cover a wide ground.

A nurse who has for some weeks been engaged for active service in France under the French Flag Nursing Corps, is at the last moment unable to go. The Medical Officer (R.A.M.C.) of the Military Hospital in which she is working writes that as nursing sisters are so difficult to procure, her services are required to take sister's duty.

The nurse in question writes she has everything ready—passport, photos, uniform, etc.—but as "matron has applied for nurses to take sisters' duties and cannot get one" she has offered to stay.

Of course our own wounded come first, and we do not blame her; but we have intimated the Medical Officer in question that there is no scarcity of excellent trained nurses if the War Office will pay a just salary for them. We can recommend him sufficient to staff his whole hospital from the members of the Nurses' Economic League, which has only been started a fortnight.

In compliance with the request of a correspondent we may state that Economics, or, as sometimes defined, Political Economy, is the science which treats of the nature of wealth and the laws which regulate and govern its production, exchange, distribution, and consumption.

Miss Violetta Thurstan on April 20th addressed a crowded meeting at Llangollen, and gave an account of her experiences in Belgium and Poland. Her address was listened to with deep attention, and, we imagine, must have stimulated interest in her book, "Field Hospital and Flying Column," just published by Messrs. G. P. Putnam's, and which is already attracting favourable notice.

Far-reaching powers are given by the Local Government Board to local sanitary authorities to reduce the illness from measles and whooping-cough and to lower the present high mortality rate from these two diseases, which are erroneously thought to be of no consequence. From time to time various local authorities have pleaded for the notification of these diseases, which are especially infectious. At last Whitehall responds, and not only empowers local authorities to authorise compulsory notification, but also to arrange, either by direct municipal action or by contract, for the medical and nursing treatment of such cases. This is a sweeping measure of public health reform, and is especially remarkable at a time when the nation is engaged in a European war.

Lady Harrowby, in moving the adoption of the report at the annual meeting of the Staffordshire Nursing Association, held at the County Council Buildings, Stafford, recently, expressed a hope that the Tipton Training Home would have a long life of usefulness. She hoped that use would be made of the district nurses in connection with the protection of infant life and the care and education of mothers, because she had been informed that if the nursing associations did not take up the work it would be given to other people. That would be nothing short of a national disaster, because she felt strongly that people did not take kindly to a variety of inspectors going to their homes, but the district nurses, she believed, would be kindly received and their advice accepted, and she hoped that with the cordial co-operation of the County Council the association would be able to evolve some scheme for the benefit of the mothers and babies. She felt that the district nurses were the best persons to undertake the work, and she appealed to the public of Staffordshire to aid the association in this great undertaking by liberally subscribing to the funds. Certificates for long service were presented by Lady Harrowby to Nurse Wilkes and Nurse Young.

At a meeting of the Halifax Board of Guardians when the appointment of probationary nurses was under discussion, the Clerk (Mr. A. T. Longbotham) said that about fifteen years ago the Guardians established a very definite rule that probationers should be selected only from persons resident outside the union. The sole reason for that was disciplinary. Girls training in their own town were not as amenable to the necessary discipline as probationers who were strangers to the district.

We commend this arrangement, which is certainly in the interests of discipline.

So far five deaths have occurred as a result of the explosion at Lerwick. The injured number about twenty, two of whom are in a precarious condition. The killed were terribly mangled. Two local doctors and nurses rendered heroic service, as they always do in times of emergency and stress.

It is miraculous that the death-roll is not heavier judging by the area over which the debris has been scattered, and the force with which wood and iron have been driven into the walls and dykes. Near the scene of the explosion telegraph and telephone wires were blown to pieces.

POOR LAW INFIRMARY MATRONS' ASSOCIATION.

Miss Mollett's suggestion of including in the Annual Report of the Matrons' Council a short summary of the work members are doing in connection with the war was a very happy one, and at the Quarterly Meeting of the Poor Law Infirmary Matrons' Association on April 24th, it was decided to make a Roll of such work done by its members.

The meeting, at which Miss Barton presided, was held, by kind invitation of Miss Cockrell, at the St. Marylebone Infirmary, and the members had been asked to send accounts of any special work they were doing in connection with the war. Most interesting letters were read from absent members, some in charge of hospitals on active service, and others doing special war work at home.

Miss Cockrell gave a most interesting account of her time as Matron at the Alexandra Palace with the Belgian Refugees. Miss Myles described the transformation of the Infirmary at Brighton into a hospital for the Indian wounded, and Miss Walker the nursing of the soldiers in a Territorial Hospital. Other members also spoke.

ST. DUNSTAN'S LODGE, REGENT'S PARK, N.W.

THE BLINDED SOLDIERS' AND SAILORS' HOSTEL.

The loss of sight is one of the greatest of tragedies that can befall a human being, and even in the case of the aged, when it is gradually failing, we feel that there are compensations if death comes while sight remains.

This loss becomes intensified when it befalls the strong and able bodied, in the first vigour of youth, and it is one which has befallen a

with the same heroism under their great misfortune, cheerful, even gay, and, under the supervision of blind teachers, learning trades and occupations which will fit them to be self-supporting.

At present there are 30 men there, able bodied except for the incapacity of the injury which has befallen them, but there are 25 more on the books, and more sleeping accommodation is to be added, so that more of these disabled soldiers can be received. They at present include two officers—both Irishmen—and three Belgians, as well as our own men.

The house placed at the disposal of the



ST. DUNSTAN'S LODGE, REGENT'S PARK, N.W.

certain number of the men whom we saw a few months ago marching through the streets of London on their way to the front, where they have borne themselves as heroes. With them it is not the gradual failing of the light, but the blinding flash, the sudden injury, and then, for the rest of life, darkness—darkness which can be felt—and if a helping hand is not held out to them, helplessness and dependence for the rest of their lives.

But already such help has been extended in the most generous way, and at the Blinded Soldiers' and Sailors' Hostel, at St. Dunstan's Lodge, Regent's Park, one sees the men who have fought our battles bearing themselves

Blinded Soldiers' and Sailors' Care Committee, of which Mr. C. Arthur Pearson is Chairman, by the generosity of Mr. Otto Kahn, an American banker, stands in such beautiful surroundings that one feels a keen pang of regret that the men who are enjoying its hospitality cannot see its beauties.

On entering the hall one sees through the ballroom, immediately facing it, and which is now used as a lounge, the beautiful grounds, fifteen acres in extent, adjoining Regent's Park.

An arm of the large lake in the Park runs into the gardens, thus making it easy to enjoy boating, and in Mr. Pearson's opinion rowing is the best exercise for the blind.

Waiting for a few moments in the lounge, one wonders how these men, so newly blinded, find their way about with such certainty, and then the Matron, Miss Davidson, explains that if they keep on the strip of druggut which crosses the room, it leads directly to the French window opening on to the terrace. Across the terrace is a strip of zinc; when this stops they know the steps begin, and when they reach wood they know there are no more steps.

The large conservatory has been turned into a workshop, and here the men are busy learning trades which it is hoped when they become expert will render them self-supporting.

poultry farming and market gardening, taught by a properly qualified instructor. Many of them hope to live in the country, some are married and others may be, and the occupation appeals to them as a healthy and pleasant one, in which it will be possible for them to make a living.

As I walked with the Matron along the gravel path leading to the chicken run there was a faint sound of chimes. They were the Japanese bells, swaying in the breeze, which guide the men to the gate in the wire netting which surrounds the run.

Instruction is given a great deal on models, and from these the men learn the position and management of the full-sized runs.

Other openings for training are in typewriting, telephone operating, and massage, and it is hoped that, in massage, men of suitable appearance, disposition, and intelligence may be able, when trained, to earn a good living.

The object, in many cases, is not to complete the training at St. Dunstan's, but to find out what a man is best suited for, then to give him preliminary training, after which, owing to the large grant made by the Prince of Wales' Fund, it will be possible to arrange for his further training and to settle him in life, or if at the end of six months he is sufficiently skilful, to find him paid employment, in which case he will be provided with a typewriter, or with tools, from a special fund raised for the purpose.

From this fund also the travelling expenses and board and lodging of near relatives, who are invited to spend a few days close to their husbands, sons, or brothers, are defrayed.

The Committee has been carefully selected to include those interested in the different blind societies, and the cost of maintaining the Hostel is borne by the National Institute for the Blind, the Order of St. John of Jerusalem, and the British Red Cross Society.

The staff, besides the Matron, includes a trained nurse and eight voluntary helpers, members of voluntary aid detachments, who do the housework, sweeping, dusting, and waiting, besides orderlies. An orderly sleeps in each of the dormitories, and the nurse's room is on the same floor.



THEY FOUGHT FOR US.

Carpentry is taught in its preliminary stages by a teacher supplied by Mr. Guy Campbell, of the Royal Normal College, Gipsy Hill, the method being an ingenious adaptation of the Swedish *slöjd* system; from this the men pass on to practical carpentry, taught by Mr. E. H. Atkinson, of Sheffield, himself blind, who has given up a profitable business in order to help.

Boot repairing is also taught by a blind instructor, mat making and weaving are in process, and the whole atmosphere of the place is that of a busy workshop.

But one of the most popular sections is the Country Life Section, under the superintendence of Captain Peirson-Webber, himself a well-known blind expert (an officer who lost his sight in a previous war), in which the men learn

Some of the men at first sleep very badly at night. There is so little to distinguish night from day for them, and after a bad night they are apt to make up for it by sleeping soundly in the daytime.

All the men are learning to read and write Braille, and are also taught typewriting, and arrangements are made for lectures on interesting subjects.

In connection with the Hostel is a seaside home at Brighton, placed at the disposal of the Committee by the National Institute for the Blind. Here men can be sent from hospital, and it will also be used as a holiday and weekend resort.

Mr. Pearson states that it has never been his good fortune to meet a cheerier set of men, which is excellent testimony to the wholesome and happy atmosphere of the hostel. Miss Davidson, who is full of sympathy for her charges, says that the difficulty is to avoid showing it too much, and to offer assistance to them constantly, but the truest kindness is to help them to be self-reliant, and there is no doubt that they are acquiring the habit.

One more point. It is to be hoped that the number of men blinded in this terrible war will be limited; at present no sailors have suffered in this way, and all the soldiers are known to the authorities. The Hostel meets their requirements so thoroughly that it seems desirable that the support given by the public should be concentrated on this institution, specially organized for their benefit, and that the multiplication of appeals with this object should be discouraged.

On Monday the King and Queen visited the Hostel and inspected the workshops and other departments. They spoke to each man, and listened to several reading in Braille, and watched others typing from dictation.

THE DRAFT.

The following charming verses are written by a well-known Dublin physician:—

Invading silence, down the narrow street

In curving march the chanting soldiers came—
Tall fellows, with the dull boots on their feet,

For battle bound—and every heart took flame.

Girls from the windows, leaving desk or hem,

Called out with voices like a Roman breath,

Hailing a viewless god who rode with them,

Whose name is Glory and whose yoke is Death.

I went not with them, but I fain would go

From this stilled city to that roaring sky,

Where Life is but the striking of a blow

And Time holds nothing better than to die.

"Z."

BRITISH NURSES TREATED WITH CONTEMPT.

Macmillan & Co. have now had ample time in which to inform the Nursing Profession whether or not the Miss Swanhilde Bulan, who edits their publication, the *Nursing Times*, is Miss Swanhilde Bulau of German parentage, who has been living in England under an assumed name, and who has been naturalised since war was declared.

As we have received no reply to this straight question, we presume a discreet silence is to be maintained by the firm and the lady in question. Presuming the editor of the *Nursing Times* is not of German parentage and has a right to the name of Bulan, we consider Macmillan & Co. should have taken the earliest opportunity of stating the fact, in the most public manner possible, so as to relieve the lady in question from unmerited suspicion. But if an alien enemy has been, and still is employed (for naturalisation after the declaration of War is merely an unpatriotic expedient), in conducting their paper for nurses, it is high time the profession took a very decided stand on the question, and that for very sufficient reasons.

We will mention a few:—

The journal in question is now practically a War sheet—its representatives are in and out of every military hospital in the Kingdom

The Matron-in-Chief of the Territorial Force Nursing Service, whose office is at the War Office, has for years been in close collaboration with its untrained foreign editor.

In reply to an appeal its readers have supplied the funds to pay the salaries of a certain number of nurses, who have been planted out, not only in one of our own hospital trains, but in the countries of our various Allies, at war with Germany.

We presume if these nurses were aware that their Chief was a German, they as patriotic British women would hardly appreciate being selected and patronised by her!

Neither do we suppose the Governments of our Allies would tolerate any such arrangement, if they realized that these nurses were in close communication with a naturalised German who is not denaturalised in Germany, and is therefore still a subject of the Kaiser.

It is reported that the British Red Cross Society provided means of transport for a representative of the journal in question to approach the trenches in France—a highly inadvisable proceeding if sent by an alien enemy, or even by a naturalised enemy purporting since the war to be of British nationality.

We still consider the Proprietors of the *Nursing Times* owe a frank explanation to British nurses on this question, which, if persistently withheld, can be very effectively resented. British nurses are not compelled to pay for, nor patriotic firms to advertise in a journal which may be controlled by a German lady working in England under an assumed name.

With the agony of Belgium and France ringing in our ears, with the martyrdom of our own

very nearest and dearest, who have been wantonly insulted, struck, and starved by German jailers—suffering torture and death, to free the world from brutalising tyranny and cunning—we call upon British nurses to sift this mystery to the dregs, and no longer to tolerate contemptuous silence on this vital question on the part of those who exploit their profession.

NATURALISED ALIENS.

Amongst the very pertinent questions addressed by Mr. Batchelor, M.P., to the Home Secretary, is the following: "Whether, in view of the necessity of taking precautions to ensure that persons residing in this country shall not under the guise and protection of British citizenship secretly help the enemy, he will again consider the desirability of taking power to revoke the certificates of naturalisation granted to persons of German nationality who still owe allegiance to the German Emperor."

THE ORGANIZATION OF THE PROFESSION OF MASSAGE.

We have been requested to publish the following letters, which we presume terminate the correspondence as between Miss I. M. Scamell and Miss C. L. Bedingfield, and the Incorporated Society of Trained Masseuses. We have published it at length because it opens up points of interest to the profession of Massage as a whole. As the Secretary of the I.S.T.M. has courteously supplied us with printed matter relative to the organization of the Society, we propose to make a few suggestions in our next issue, which if adopted might remove just cause of complaint:—

The Incorporated Society of Trained Masseuses,
157, Great Portland Street, W.

April 15th, 1915.

DEAR MESDAMES,—I beg to acknowledge the receipt of your letter of the 10th instant, but do not think any good purpose will be served by our continuing the present correspondence, nor do I think that I can usefully add anything to the letter to Miss Scamell of the 9th instant, except to say that I have taken note of the statement in your letter that she has been teaching Swedish Remedial Exercises by virtue of the Chelsea Polytechnic qualifications you refer to. If I have rightly interpreted your letter, I would venture to say my recollection is that this certificate for Swedish Remedial Exercises issued by that Polytechnic expressly stated, on the face of it, that it did not carry any qualification as a teacher.

The vote of confidence in me was, as you say, not unanimous; the numbers were 123 for and 2 against.

Yours truly,

(Signed) LUCY M. ROBINSON
(Chairman of Council).

The Misses Scamell and Bedingfield.

School of Massage and Swedish Remedial Exercises.

55, Brompton Road, Knightsbridge, S.W.

April 24th, 1915.

To the Chairman of the I.S.T.M.

DEAR MADAM,—We have to-day received a communication from the Editor of one of the Nursing Papers, inferring that you were desirous that your letter of April 15th, 1915, should have been published with our correspondence in this week's issues of those papers. It did not appear to us that the letter was to the point, nor any answer to the allegations expressed in our letter of April 10th, 1915, which had gone to press, nor was it marked for publication, but under the circumstances we are sending copies of your letter and this answer to the Nursing Press, asking the Editors to publish them if they so desire.

We wish to controvert the statement in your letter of April 15th, 1915, "that she (Miss Scamell) has been teaching Swedish Remedial Exercises by virtue of the Chelsea Polytechnic qualifications" solely. Miss Scamell undertook to train students for the Society's S.R.E. examinations only after the receipt, as far back as 1912, of the following letter:—

Incorporated Society of Trained Masseuses.
12, Buckingham Street, Strand, W.C.

January 12th, 1912.

DEAR MISS SCAMELL,—The Chairman laid your request before the S.R.E. Sub-Committee at their meeting on January 10th, on the matter of preparing pupils for the Society's examination in Swedish Remedial Exercises in June, 1913. It was unanimously agreed that in view of your entry to the S.R.E. Teachers' Examination (when such examination shall be arranged) and the Committee's personal knowledge of your training qualifications, your many years' experience as masseuse, and your work at St. George's Hospital, pupils of your training are eligible for entry to June, 1913, S.R.E. examination, and will be accepted.—Yours faithfully,

(Signed) E. M. TEMPLETON, Secretary.

If, for very good reasons, Miss Scamell refused to take the Teachers' Diploma mentioned in that letter, it does not alter the fact that her qualifications for teaching Swedish Remedial Exercises still remain the same as expressed by the Council themselves in this letter.

We are, Yours truly,

(Signed) I. M. SCAMELL,
C. L. BEDINGFIELD.

A young woman, known variously as Dr. Isabella Marshall, Kingston, and Warren, and posing as a qualified medical practitioner, is alleged to be victimizing lodging-house keepers on the South Coast and in the neighbourhood of London, by taking apartments and then leaving with any valuables she can collect. She is said to wear a nurse's blue uniform—but that is nothing unusual—and is known in Chertsey, Netley, and Woolstan.

WOMEN'S WORK.

The Archbishops of Canterbury and York, associated with Adeline, Duchess of Bedford, and, others have requested a small committee of ladies convened by Mrs. Creighton, in consultation with the National Union of Women Workers, to investigate the nature and extent of the alleged probability that during the war there will be an increase in the number of illegitimate births.

They propose to invite a larger body to consider the report made by the investigators and the special steps which, in conjunction with official bodies, should be taken if it is shown that the problem is of serious dimensions.

The proposal that the bachelor Archbishop of York shall be chairman of the larger body does not commend itself to us. A woman and a mother should preside over such a council, and the question be approached with great circumspection, and delicacy of feeling.

We warmly agree with the General Secretary of the Poor's Labour League, that the Poor Law must not be the resource of these girl-mothers, especially as it is possible, without any fresh legislation, for the Public Health machinery to be developed to meet the need. The initiation and development of schemes for the better care of maternity and infancy have lately been urged upon Public Health authorities by the Local Government Board itself, which is prepared to make grants up to 50 per cent. of their approved expenditure upon these objects.

The War Babies and Mothers' League, 60, South Molton Street, W., is concerned partly with the welfare of children whose fathers are on active service, and whose mothers are not receiving the separation allowance. When the father of an illegitimate child is killed on active service the separation allowance immediately ceases and a number of the cases on the League's books are of this description. The League has been very successful in bringing together unmarried mothers and the fathers of their children, and has so far been the means of over 150 of these couples being married.

An exhibition known as "Women and their Work," organised by the *Daily Express*, and under the patronage of Queen Alexandra, is to be opened by Princess Arthur of Connaught at the Royal Horticultural Hall, Westminster, on May 1st.

Amongst the attractions will be an exhibit showing one of the wards of the Middlesex Hospital, lectures by Dr. Sloan Chessor, addresses on Hygiene, and an exhibition of Invalid Kitchens by Lady Muriel Page.

The Women's Peace Congress at the Hague is in session; its objects are excellent, but the meeting ill-timed.

BOOK OF THE WEEK.

"LONELINESS."

This posthumous work of Robert Hugh Benson is one of the most appealing that he has produced for some time. Apart from the controversial bias—which marks all his writings, and from which this latest is by no means an exception—"Loneliness" is a charming and pathetic story. It tells of a youthful opera singer, who, at her début, made her fame as Elsa and Isolde. Max, the only son of Lord Merival, seeks her in marriage, though he is aware that the union will be strongly opposed by his father, on two grounds—the social inequality of position, and the difference of religion—the girl, Marion, being a Roman Catholic, and old Lord Merival of the bigoted Protestant type. She, in her first intoxication of success, had flung open the doors of her soul, and had driven out that which had been within; and now the doors still stood wide clamouring for all the world to come in—and then she loved Max.

The family of Lord Merival is represented as living the pleasant pleasure and ease-loving life of people of their class, with their half contemptuous outlook on less distinguished people that is bred by such circumstances. For instance, Marion was welcomed, nay, eagerly sought, as a prima donna, but socially—no! She was, notwithstanding, a charming girl, full of soul and brimming over with love of her art.

Maggie Brent, the middle-aged and entirely devoted-to-Marion lady with whom she lived, is quite one of Mr. Benson's specialities.

The tragedy of the story lies in the collapse of Marion's career when she has had but six months of her triumph. It is due to Max's selfishness that she agrees to sing once more as Elsa after the throat specialist had forbidden her to use her voice for some months. After weary weeks of suspense and anxiety the great specialist comes at Maggie's request to their country cottage to give his verdict.

"Maggie, you'll explain our plans to him. He's to examine my throat upstairs and he's not to say a single word. Then—you'll be waiting for me in your room, won't you?—and go straight into mine as soon as you hear me go downstairs, and then we'll all have tea together, and he shall go back with blessings on his bald head."

Alas! for poor Marion, when Maggie "her face distorted with crying, burst into the room, and, with a cry like a wounded beast, rushed across the floor and seized her sobbing.

"Ah-h-h," cried Maggie.

Her next difficulty is the religious one. If she marries Max she has practically to give up her faith. He is just the ordinary person without real understanding, and he fails her. By Maggie's tragic death she is left bereft of friend, lover and

* By Robert Hugh Benson. Hutchinson & Co., London.

vocation. "Round her the garden was passing into the beginning of its hour of sunset glory. A pigeon cooed from the crown of one of the great elms that dotted the meadows beyond the stream—nine notes, the last broken suddenly. But no mate answered him; for she listened for the voice."

Then without moving hand or foot she lifted her eyes to where through the lancet glimmered the light above the tabernacle.

"Jesus! My Knight! . . . I am ready now," she said softly.

By Mgr. Benson's death the world of literature is much impoverished. One can always admire devotion to a cause, though one may not always agree; and surely his aim was the greatest of all aims, for underneath and above controversy, we feel in his writings the living, burning love to the Master.

H. H.

"TO LABOR IS TO PRAY."

Bravely fling off the cold chain that has bound thee!

Look to the pure Heaven smiling beyond thee!

Rest not content in the darkness—a clod!

Work for some good, be it ever so slowly;

Cherish some flower, be it ever so lowly;

Labor! All labor is noble and holy;

Let thy great deed be thy prayer to thy God.

FRANCES SARGENT OSGOOD.

COMING EVENTS.

May 1st.—Matrons' Council of Great Britain and Ireland. Quarterly Meeting. 431, Oxford Street, London, W. 4 p.m. Miss Violetta Thurstan will speak on "Field Hospital and Flying Column." 5 p.m.

May 18th to 22nd.—Eighth Annual Nursing and Midwifery Exhibition, Royal Horticultural Hall, Westminster, S.W.

May 26th.—Central Midwives Board. Caxton House, Westminster. Penal Board 11.30 a.m.

May 27th.—Central Midwives Board. Caxton House, Westminster. Penal Board 11.30 a.m. Monthly Meeting. 3.30 p.m.

WORD FOR THE WEEK.

"All true men succeed; for what is worth success's name unless it be the thought, the inward surety to have carried out a noble purpose to a noble end?"

"Keep your heart and soul on fire,

Do not falter, do not tire;

Don't grow weary in well-doing,

To your better self be true.

Keep your feet out of the mire,

Keep on climbing, higher, higher!

To the topmost peak aspire,

God wants soldiers who'll go through."

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

"THE MARSEILLAISE."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was amused to see in the BRITISH JOURNAL OF NURSING that some English Sisters in France did not know the words of our National Anthem. I, too, was put to the blush by some French soldiers one day when they asked me about "The Marseillaise." Who wrote it, and why is it the French National Anthem?

Yours truly,

A SISTER IN FRANCE.

["The Marseillaise" was written by Rouget de Lisle in the year 1792, at the time of the great Revolution, and to its inspiring strains the men of Marseilles marched across France to Paris. Thus it was heard from one end of France to the other, and will now for ever express the splendour of French patriotism throughout the world.—Ed.]

THE SHADOW OF EFFICIENCY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Many Territorial Sisters are looking forward with much apprehension to the substitution of Red Cross probationers for the thoroughly trained staff nurses responsible for the care of sick and wounded soldiers in Territorial Hospitals. The work is already exceedingly responsible, and the supervision of untrained workers will make it more so. If in each ward a probationer was given as extra help we could well do with them, but not as a substitute for skilled nurses. The Editor of *The Englishwoman* has made a great error if she imagines that supervising untrained young women in military hospitals will do otherwise than add to the "dangerous overstrain" of our work.

Yours truly,

A TERRITORIAL SISTER.

SYMPATHY WITH MISS MARQUARDT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—May I take this opportunity of congratulating Miss Marquardt on her splendid stand against the admission of the Red Cross worker, for a surface training in nursing, to compete with the fully-qualified nurse.

Where are our hospital matrons, that they have not had the courage to make the same stand, as the large general hospitals both in London and the Provinces were the first to allow this sort of thing; and, consequently, we have had these same Red Cross workers and V.A.D.s in France, doing a great amount of harm.

Yours sincerely,

A QUEEN'S SUPT.

UNITED WE STAND.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Reading so much lately in your interesting journal on the subject of sending untrained nurses to attend to our soldiers, it occurred to me that some of your readers might be interested in the stand taken here.

You will be aware that Australian nurses are protected by the Australian Trained Nurses' Association, we in Queensland by State Registration also.

There has been in existence for some years an Australian Army Nursing Service, which is considered a volunteer portion of the military forces.

Australia is divided into six Military Districts, corresponding to the number of States in the Commonwealth. In each district is a Principal Matron, a Matron, and a certain number of Sisters. This, I believe, is modelled on the Territorial Nursing System. To become a member of this Service an applicant must conform to the regulations laid down in the Standing Orders, a copy of which I enclose.

When first troops were offered to the Imperial Government, some of these Sisters were called up and sent away on the various transports. Later on, when hospitals were sent, more were called up and additional members were added to the ordinary establishment.

We have now in Egypt 186 nurses from Australia, besides others attached to the Military Hospitals in New Guinea and the various Australian States. Everyone is a member of the A.A.N.S., which means she is fully trained and a member of the Trained Nurses' Association in her own State.

The applications were many, over two hundred in this one State, but none were entertained unless the applicant came up to the required standard. The selection was made in each district by the Principal Medical Officer and the Principal Matron of that district.

Every nurse received from the Government an outfit allowance of £15, and they receive the following rates of pay:—Matrons, £130 per annum; Sisters, £104; Staff Nurses, £60. A field allowance is also made to each.

Only the best of the nurses applying were selected, the majority of them having held important posts in their own or other States.

The Government has sent to Egypt two fully-equipped general hospitals of 520 beds each, fully staffed with medical men, nurses and orderlies. In each hospital is a Principal Matron, two Matrons, and 90 Sisters and Staff Nurses. Besides these, several stationary and clearing hospitals have gone. Nurses were not attached to these, but if necessary they will be requisitioned from the Base.

Australian nurses have the deepest sympathy with their British Sisters over the matter.

Believe me, yours faithfully,

— GRACE M. WILSON,

Matron Brisbane Hospital, also Principal Matron Australian Army Nursing Service 1st Military District.

[From the Syllabus of Qualifications necessary to become members of the Australian Army Nursing Service the same standard is in force as for Q.A.I.M.N.S. and our Territorial Force Nursing Service—a certificate for a term of three years' training and service, as provided in the Australian Army Medical Services. But no power is delegated to the Red Cross Society in Australia to interfere with nursing standards.—ED.]

AN EYE-OPENER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have completed two years of my three years' training, and am receiving £12 salary. For months I have been teaching and preventing mistakes being made by a succession of paying pupils—well-to-do and titled girls—who are now to be permitted to nurse sick and wounded soldiers in military hospitals, and to receive a higher salary than that due to me in my third year's service! Surely this is all very unjust. If it was not for those "Tommies," bless them all, I feel like giving up nursing entirely. Will an Economic League prevent such abuses? If it will I wish it all success, though not yet eligible to join. This War has been an eye-opener.

Yours truly,
PROBATIONARY NURSE.

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps for service in France, from the country, can be interviewed by arrangement with Lady Barclay, 60, Nevcrn Square, London, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Friday, April 30th, and Monday, May 3rd, from 2.30 to 5 p.m., to interview candidates. Candidates must be well educated and hold a certificate for three years' training. Fever experience is a great advantage. Nurses speaking French are preferred.

OUR PRIZE COMPETITIONS.

May 8th.—At what season of the year is infant mortality the highest? How may it be lessened or prevented?

May 15th.—Give a classification of wounds. Describe three of the classes named.

May 22nd.—What are the most frequent sites of tuberculous disease in children. What can nursing do to prevent it?

May 29th.—Give three essentials in the nursing care of the mother during the first week of the puerperium.

NOTICE.

Competitors for our Prize Competitions are asked to note that their papers, endorsed Prize Competition on the envelope, must reach the editor at 20, Upper Wimpole Street, W., by the first post on Monday morning each week, otherwise they are too late to compete for the prize.

The Midwife.

THE FRIENDS' EXPEDITION TO FRANCE.

THE MATERNITY HOSPITAL AT CHALONS.

Châlons-sur-Marne—to give it the correct title—is a place of considerable historic interest, and a few brief facts of the past may, perhaps, not be out of place, because, contrasted with the present time and events, they make a special appeal to the imagination. It is the capital of the Department of Marne, and has, or had, many beautiful buildings, including a cathedral, the early portion of which was built in the thirteenth century, museums, a fine library, and a school of *Arts et Métiers*. Present-day history affords a potent reflex of the past, and should be of special interest to all of us who are looking hopefully for victory. The early Huns (as distinguished from the present re-incarnations) fought a battle under Attila, whose power was then broken near the town of Châlons in the year 451. Nearly 1,000 years later the English unsuccessfully besieged it. The sharp and beautiful contrast here is, that the invasion of the English to-day is one of peace and love; they have come as "Friends"—health missionaries—sons and daughters of consolation, to heal, to comfort, and console.

Only those who have been in the countries where war is being waged can fully realise—because they have *seen*—the sum of the misery and desolation which are the products of war. Miss Pye, former Secretary of the National Union of Trained Nurses, is one of these—shall we say fortunate?—people. In some respects they are certainly very fortunate. In a very interesting lecture, illustrated by lantern pictures, she graphically and vividly described the work of the Expedition which went out to France under the auspices of the Society of Friends, and of which she was appointed organiser.

This particular district was devastated by the hostile invaders in the autumn, when they endeavoured to reach Paris across it. It was then a prosperous part of France, the centre of the champagne industry and also of prosperous farming. Now all is changed, and this fair country is laid waste and the homes of 2,500 refugees have been burnt to the ground. The Society of Friends, desiring to bring help to the unhappy victims, equipped more than one expedition for that purpose. The first unit consisted of three doctors, 11 nurses, 10 orderlies and one trained social worker. All the nurses sent out were members of the National Union of Trained Nurses. Permission to enter the country had, of course, first to be obtained from the French War Office and French Home Office; there was, however, no difficulty—on the contrary, every courtesy and facility was afforded the Expedition. The difficulties, which were very real ones, began when the work began. Miss Pye explained that social

work is much less developed in France than in England; there is, for instance, no Soldiers' and Sailors' Association. Enormous provisions were required, large stores of clothing were needed also for these penniless destitute people, who were herded together in barns and outhouses. In some of the villages not one house was left standing. The French Government could not help the Expedition in the way of transport, there was no railway communication; they made themselves independent of such help by their fleet of five motor-cars, which proved to be invaluable and indispensable. The special object of the Society of Friends appears to have been to bring help to expectant mothers, whose condition was the most pitiable. Many of these poor women were the wives of prosperous farmers, whose husbands were fighting. The farmsteads had been burnt, and the women and children rendered destitute.

A Maternity Hospital, therefore, was the urgent need of the hour. The Government allowed them to take over a building which had previously been an asylum for 57 epileptics, who had been the charge of *one old woman*! It will be readily understood what a condition the building was in when vacated by the pitiable victims. It took a fortnight's hard work to cleanse it of dirt and vermin and disinfect it, and make it safe and suitable for its new purpose. Other difficulties to be combated were bad water supply and bad and insufficient sanitary conveniences. The supreme difficulty, however, appears to have been what to do with all the other children of the expectant mothers! Obviously they could not be parted; so this building, called a Maternity Hospital, had to be arranged and equipped to provide accommodation for entire families as well. The courage and resourcefulness of the workers, who of course were mostly midwives, were equal to the emergency. In addition to the lying-in ward with 25 beds, other rooms were set apart as crèches, dormitories, dining-rooms, &c., and they set to work and soon had all in working order. All the mothers and their belongings had to be fetched in the motor cars and some of them from distances of 10 or 20 miles. Miss Pye was much impressed, not only by the deep gratitude of the mothers and their relative contentment, but also by the surprising absence of bitterness against those who had caused all the misery. She never heard a word of animosity expressed by any of them. Their philosophic response to the inevitable was: "To be at war is to be at war." The work of the Expedition also entailed considerable district visiting. The expectant mothers had to be visited beforehand, and particulars of their condition tabulated; everything appears to have been done in a thoroughly business-like, methodical and professional manner. Incidentally, the

lecturer told her audience many pretty tales of the charm of the patients, the innate politeness and contentment of themselves and their children. One little fellow of 5 or 6 years old, observing the badge of Union—the familiar green star—being worn by one of the nurses, gallantly kissed her hand, saying “Madame, je salue trois fois l'étoile des Anglaises.”

When the mothers and their families left the Hospital, each individual was supplied with an entire new outfit. We warmly congratulate the Society of Friends, more especially the actual workers, on their splendid work for the mothers of France and the future race.

B. K.

THE CENTRAL MIDWIVES BOARD.

EXAMINATION PAPER.

1. What are the signs of (a) threatened abortion; (b) inevitable abortion? Give in detail your management of each before the doctor's arrival.

2. On examination of a woman during the first stage of labour, you find that the cervix, instead of being soft and smooth, is hard and rough; also that your examination is followed by bleeding. On questioning the patient, you find that she has lost blood after sexual intercourse on several occasions. What would you suspect, and what would you do? What would you have advised had you known of the bleeding earlier in pregnancy? Give reasons for your advice.

3. Describe the management of a Breech Presentation with the sacrum pointing to the right side and behind.

What are the chief dangers of a Breech Presentation?

4. Describe carefully your treatment of the cord and of the umbilicus from the moment of birth until the tenth day. What complications may arise if proper care is not taken?

5. Describe your management of the Breasts of a woman (a) after the birth of a dead baby; (b) after the death of the baby on the eighth day.

6. What is Ophthalmia Neonatorum, and what causes it?

What directions does the Central Midwives' Board give to prevent this disease?

MEETINGS OF PENAL BOARD.

The next meetings of the Penal Board will be held on Wednesday, May 26th, and Thursday, May 27th, at 11.30. a.m.

MATERNITY HOUSES.

The Archdeacon of Surrey has given notice of a motion in the session of the Lower House of Convocation of Canterbury, calling attention to the urgent necessity of providing well-managed

maternity houses in which unmarried girls may be received for their confinements, and may be taught the duty of self-control and purity of life.

ROTUNDA HOSPITAL, DUBLIN.

Nurses are well aware that the preparation for the examination of the Central Midwives Board given at the Rotunda Hospital, Dublin, is of exceptional thoroughness, and the practical experience second to none. The fee for this training is 25 guineas. It is not, however, so well known that a six months' course in gynaecological nursing is also given by the hospital. The fee is 10 guineas, and the experience so gained is invaluable. Full particulars as to both courses may be obtained from the Lady Superintendent.

BABY TENT WORK.

The question of the reduction of infant mortality is one of great importance to all midwives, as however skilful their work at the time of the delivery it is useless if the babies do not subsequently receive proper care. The work of the Visiting Nurse Association of Chicago in this connection is therefore of much interest.

In the summer of 1905, we learn from the annual report of this excellent Association, a baby tent hospital was built, equipped, and run for ten weeks by the Chicago Relief and Aid Society, in the heart of a congested Polish district, where the death rate amongst children was highest. The nursing was under the care of the Visiting Nurse Association. 133 sick babies were cared for, of whom but 5 died. 371 visits were made to the homes for purposes of instruction, and "follow-up" care. The experiment was felt to be a success. Fathers and mothers of the children were welcomed at any hour, and much of the prejudice against a far off mysterious hospital was overcome.

BABIES.

What are little babies for?

Say, say, say!

Are they good-for-nothing things?

Nay, nay, nay!

Can they speak a single word?

Say, say, say!

Can they help their mother sew?

Nay, nay, nay!

Can they walk upon their feet?

Say, say, say!

Can they even hold themselves?

Nay, nay, nay!

What are little babies for?

Say, say, say!

Are they made for us to love?

Yea, yea, yea!

—The Nursing Journal of India.

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EDITORIAL.

DILETTANTE MIDWIVES.

Dr. E. Macrory, B.Ch., D.P.H., L.M., Inspector of Midwives for the County of London, and President and Chairman of the Inspectors of Midwives' Association has on behalf of the Association addressed a letter to the President of the Local Government Board with reference to the Circular on Maternity and Child welfare, dated July 31st, 1914.

The letter states that as women who are keenly interested in any movement which has for its purpose the general welfare of the mothers and babies of the country, and as friends and inspectors of midwives the members of the Inspectors of Midwives Association cannot help viewing with distrust the suggestion made in the above Circular that the supervision of Midwives should be included in the scheme, as, probably, it would then be carried out by the Local Health Visitor.

The Association feels very strongly that to make a really proficient Inspector of Midwives, to whom the midwife can safely apply for reliable advice in her many difficulties, the Inspector must be a woman of much experience both in midwifery, and in the care of infants. The necessary midwifery qualification for the position of Health Visitor is merely a Midwifery Diploma, no evidence of further experience being demanded. Many practising Midwives are highly intelligent women of long experience, certain of whom train in midwifery the prospective Health Visitors, and they would naturally resent a person of such slight knowledge of this subject being placed over them. The Association of Inspectors of Midwives urges that having regard to the unique position which the Midwife holds in regard to her patients it

would seem that for the scheme to work satisfactorily her sympathy must be enlisted, and apprehends that this sympathy may be withheld if she is to be placed under a Health Visitor whom she considers to be a dilettante midwife.

The Association is further of opinion that it is of the utmost importance for the welfare of mothers and infants that the standard of the midwife should be raised and not lowered, and has no doubt that a high standard of inspection is a most important factor in raising the standard of those to be inspected.

We agree with the Association that the standard for Inspectors of Midwives should be a high one, and would suggest in this connection that the Central Midwives Board should institute a further examination, to pass which would give candidates for posts as Inspectors of Midwives a certain defined position. A knowledge of practical midwifery does not necessarily imply the possession of qualities which will make a midwife an efficient inspector of others, although we must own to some sympathy with a Government Department which thinks all is well if it demands the State qualification in midwifery of the inspectors it appoints.

The pity is that the knowledge implied in that qualification is, as the Inspectors point out, so slight. There is happily a hope that the period of training in midwifery demanded by the Central Midwives Board may be extended to six months, but without a foundation of general training as a nurse even this cannot be regarded as serious preparation for the manifold responsibilities of a midwife.

The Association of Inspectors of Midwives has done good service by drawing attention to the need for a high standard of inspection, and we hope that their representations may be effective.

OUR PRIZE COMPETITION.

AT WHAT SEASON OF THE YEAR IS INFANT MORTALITY THE HIGHEST? HOW MAY IT BE LESSENED OR PREVENTED?

We have pleasure in awarding the prize this week to Miss Kathleen Kohler, Cathall Road, Leytonstone, Essex.

PRIZE PAPER.

Infant mortality is at its highest during the summer months, when more babies die from a severe form of diarrhoea and vomiting than from any other disease.

As it usually occurs in those who are being largely or entirely fed on milk, it is probably due to germs which have got into the food, and, favoured by the hot weather, have rapidly increased in numbers, and so rendered it unfit for consumption.

The death rate of infants under one year is between 140 and 150 per thousand, and nearly all die of what is really starvation; plenty of food is given them, but of the kind that their delicate digestive organs are unable to deal with, and in consequence they suffer badly from diarrhoea, rickets, tuberculosis, &c., and gradually waste away. This is mostly caused by ignorance on the mothers' part; they really do not know how to feed their babies.

Another cause is overcrowding in the slum districts, but this cannot always be avoided; the rents are heavy, and the poor are unable to pay them.

Neglect accounts for a lot, but this, again, is not always a mother's fault, as often she is the chief breadwinner, and there are not enough infant day nurseries to take all working mothers' babies, and so they are left to the care of a brother or sister who are nothing more than babies themselves.

Measles, whooping cough, congenital syphilis, and accidents account for a great many deaths.

It is difficult to say how it may be lessened by the parents alone; the poor are exceedingly brave, and struggle against overwhelming odds for the sake of their little ones.

The chief good can be done by educating girls in motherhood during their last school year, and the establishment of "Schools for Mothers," "Milk and Food Centres" for those who are at home, and "Infant Day Nurseries" for those compelled to work.

A mother should always feed her baby for the first nine months, and only serious illness on her part should prevent her from doing so. It should be fed every two hours for the first two months, every two and a half hours during the

third month, and every three hours till the child is weaned. A mother should not give up feeding her baby because she has not sufficient milk, but take a cup of milk, gruel, or milk and soda water half an hour before nursing. If still ineffective, give alternate feeds of cow's milk, diluted.

Cow's milk, if pure, is the most reliable substitute. It must be diluted with either plain water, barley water if relaxed, and lime water if constipated. Barley water must be made fresh daily. The milk should be obtained twice daily, and boiled for one minute as soon as received, and kept covered in a cool place.

Skimmed and separated milks are useless as foods. A good condensed milk may be given for short periods, especially during the hot weather, but should not be used alone for more than a few weeks. If the child does not thrive on milk alone a small quantity of fresh cream may be added to each feed. No starchy foods should be given before a child is six months old. Some fresh element must be given every day after it is four months old, such as orange juice, grape juice, or raw meat juice.

No matter how carefully and perfectly a baby is brought up by hand, nothing can make up for the loss of living organic matter to be found in human milk. It is advisable to vary the diet occasionally, but do not change a baby's food in the summer months if it can possibly be avoided.

Be very careful of the bottles. Have two in use, and use them alternately. When not in use keep them in cold water, to which a little salt has been added, covered over with a clean piece of muslin. Use a boat-shaped bottle with no tubes; wash after each feed, and boil twice a day.

Clothing.—Keep the baby warm. Let the underclothing be woollen or flannel, and not too tight. No part of the legs should be bare. The arms should be protected by long sleeves. A cotton binder in great use among the poor is best avoided, although it certainly gives support to the tender spine when the baby is being carried about by an older child, and for this reason it may sometimes be used.

The napkins should be changed as soon as soiled, and washed each time, never dried.

Air.—The windows of the rooms should always be kept a little open at the top, and they should be thoroughly aired twice a day. Children should be taken out each day in the daytime; infants must not go out at night. Children, if possible, should sleep in separate cots. A child should be washed all over once a day with soap and warm water.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Gladys Tatham, Miss H. M. Springbett, Miss Violet James, Miss Lucy C. Cooper, Miss M. Dickinson, Miss M. Ellison, Miss F. Dodds, Miss C. G. Cheatley.

QUESTION FOR NEXT WEEK.

Give a classification of wounds. Describe three of the classes named.

COLONEL CANTLIE'S PROTECTIVE FACE MASK.

It is almost incredible that a nation claiming to be civilized should descend to the use of asphyxiating gases as a means of warfare, yet the report furnished on the subject to the War Office leaves no doubt either that they have been employed, or that this unjustifiable method



MASK ROLLED UP OVER BRIM OF SERVICE CAP.

of attack has been carefully thought out and planned. Dr. Haldane, who was sent to France by the War Office to investigate the effects of these asphyxiating gases, reports that having seen and examined several of the victims of the outrage, and discussed with them the effect of the gases, the conclusion is forced upon him that the extent of this new "frightfulness" is not yet realized by the public. The Germans are a scientific people. These gases were chosen carefully, and their effects determined by experiments on animals, so the terrible sufferings it was proposed to inflict on our men were fully understood.

Dr. Haldane states further that the after history of the six cases seen by him suggest a remote as well as an immediate effect. Five

of the men suffered from very difficult breathing of the kind associated with acute bronchitis.

In one case the feet were covered with huge blotches, purple in colour; and the feet very much swollen. Yet they had normal pulses and comparatively clear lungs. The conclusion was almost irresistible that they were suffering not from gas asphyxia (that stage was passed), but from some subtle type of poisoning of the blood. They resembled patients in the later stages of severe diseases like diabetes.

To neutralize the effect of these noxious gases Messrs. Allen & Hanburys, Ltd., 48, Wigmore Street, London, W., have placed on the market a mask which is the most practical which we have yet seen. It is made of double butter muslin, dyed khaki colour, fulled on to elastic, and is provided with buttonholes,

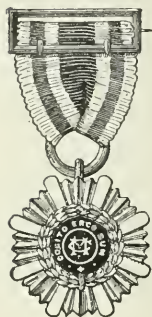


THE MASK IN POSITION.

by means of which it is easily attached to the buttons on the service cap. The free edge is also fulled on to elastic, so that when drawn down over the face it fits snugly under the chin. At the level of the eyes a non-inflammable window is inset. Over the mouth is a pad impregnated with chemicals, which are an antidote to five different gases likely to be employed. Before the lower edge is drawn down under the chin this should be moistened with water to liberate the neutralizing chemicals.

By the kindness of Messrs. Allen & Hanburys we are able to publish the accompanying illustrations:—(1) The face mask rolled up over the brim of the service cap, and (2) the mask in position.

THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.



The Quarterly Meeting of the Matrons' Council was held at 431, Oxford Street, London, W., on Saturday, May 1st. There was a large attendance of members. Miss M. Heather-Bigg, the President, wrote to express her very great regret at not being able to be present. The chair was taken by Mrs. Bedford Fenwick, senior Vice-President.

CORRESPONDENCE.

After the minutes had been read and confirmed, the Hon. Secretary, Miss A. E. Hulme, read many letters of regret at inability to attend from members.

Miss Gertrude Knight, Matron General Hospital, Nottingham, and Miss Mary N. Cureton, the retiring Vice-Presidents, wrote that they would always take the warmest interest in the work of the Council, and Miss Cureton also wrote:—"You must not think I lose interest by being absent; that I shall never do as long as I live; mercifully we have our JOURNAL." Miss Adelaide Row wrote expressing her sincere thanks to the Council for their kind expression of regret at her retirement, and wishing that she could have been a more useful member.

The Hon. Treasurer also read a letter from Miss Maclean, Assistant Inspector of Hospitals and Registrar of Nurses in New Zealand, informing the Council, of which she is a member, that she was coming to England as Principal Matron of the New Zealand contingent of Army nurses, and hoped to have the opportunity of attending some of its meetings. The wish was cordially reciprocated, and much pleasure was expressed that the Council would thus meet so distinguished a member, who has done so much to maintain nursing standards in New Zealand.

THE NATIONAL COUNCIL OF WOMEN.

A letter was also read from Miss Norah E. Green, Secretary of the National Union of Women Workers, intimating that the Annual Meeting of the National Council of Women of Great Britain and Ireland would be held in London on Tuesday and Wednesday, October 5th and 6th, and would be followed by a

one-day Conference on Thursday, October 7th. Also that the Matrons' Council was entitled to appoint a delegate to serve on the National Council for the ensuing year. Three alternative members were nominated: Miss Musson, Miss Mollett, and Miss H. L. Pearse. The Council also unanimously decided to support the resolution to be proposed on behalf of the Legislation Sectional Committee of the N.U.W.W., reaffirming its resolution of October 14th, 1908, in support of the State Registration of Trained Nurses, and further, in view of the majority in favour of the Nurses' Registration Bill on its first reading in the House of Commons in 1914, that the Prime Minister be respectfully urged to grant facilities for a similar Bill next year.

APPLICATIONS FOR MEMBERSHIP.

Applications for admission as members were received from:—

Miss Milicent Acton, Matron Lewisham Infirmary and Acting Matron 1st London General Hospital T.F.N.S., St. Gabriel's College, Camberwell.

Miss Jessie H. Balsillie, Matron of the Park Fever Hospital, M.A.B., Hither Green.

Miss Margaret Burrows, Matron of the Throat Hospital, Golden Square, W.

All were unanimously elected, and welcomed to membership with much pleasure.

THE SAN FRANCISCO CONGRESS.

It was arranged, on the proposition of the Chairman, to send a message of greeting to the International Nursing Congress to be held in San Francisco from June 20th-26th. Mrs. Fenwick explained that although, unfortunately, only the business meeting of the International Council of Nurses would now be held, instead of the Congress to which so many European nurses had been looking forward, yet the three great American Societies of Nurses would meet there, i.e., the American Nurses' Association, the National League of Nursing Education (formerly the Superintendents' Society), and the National Organization for Public Health Nursing. Miss Hulme (Hon. Secretary of the Matrons' Council), with Miss Beatrice Kent, hoped to attend, and would take the greetings of the Council if thought desirable. It was unanimously agreed to adopt this suggestion, and to ask Miss Mollett, in co-operation with the Hon. Officers, to draft a suitable message.

The business meeting then terminated, but before tea was served, the members had the pleasure of being introduced to Miss Ethel Gray, Matron in the Australian Army Nursing

Service, who had accepted their invitation to attend the meeting, and whose acquaintance they were delighted to make.

ANNIE E. HULME, *Hon. Secretary.*

FIELD HOSPITAL AND FLYING COLUMN.

After tea Mrs. Fenwick invited Miss Violetta Thurstan, who, she said, needed no introduction to members of the Matrons' Council, to address them, and Miss Thurstan gave a fascinating account of her experiences in the war zone, both West and East. After the German entry into Brussels, when the English nurses were, of course, in their hands, 80 German patients were sent to the hospital where she was on duty, suffering from sore feet. They were rather trying patients, as they were not bodily ill, and all insisted on keeping their loaded rifles at the heads of their beds, and they were insolent and triumphant.

Later the Germans refused to allow them to nurse their wounded. They said they would rather they died than that English nurses should touch them.

Miss Thurstan emphasised the absolute preparedness of Germany for war, and described the precision with which a town was fired, soldiers armed with hatchets going down a street, and removing square-like panels from the doors, and then inserting a celluloid bomb.

In describing her Russian experiences she said that the Red Cross hospitals were well done. They were nursed by Nursing Sisters.

The Military Hospitals were as bad as the Red Cross Hospitals were good. The Colonel in charge might walk up and down all day and

half the night keeping order, but he would never see defects which would be obvious to a trained nurse. There were no women in these hospitals.

One thing she recorded to the credit of the Russian nurses: however hard pressed they might be, they were never known to grumble; all were inspired with the most devoted nursing spirit.

Miss Thurstan has related her experiences in her book, "Field Hospital and Flying Column," published by Messrs. G. P. Putnam's, to which we must refer our readers, and which

has been extensively reviewed in this JOURNAL. Copies of the book in the room were eagerly secured by the members, and the autograph of the talented authoress sought.

Miss Thurstan brought with her some interesting items to show the members.

An aseptic sheet, feather-stitched in red, from the Russian front, which could be easily sterilized, and placed under or over a patient as desired. A Belgian officer's cap (green and gold) and a German cap (grey and red), her Red Cross brassard of identity, stamped by the Belgian, Russian, and German authorities. Half of a bomb, dropped at her feet from an



A RUSSIAN SOLDIER IN THE MARKET PLACE AT ZYRADOW WRITING HOME. A SNAPSHOT BY MISS THURSTAN.

enemy aeroplane on the Russian front; a piece of German shrapnel; specimen of a card attached to each Russian patient admitted to a flying hospital, whether remaining for further care or sent on to the base hospital. The figure of a man is outlined on the card, and on it the nature of the injury is indicated.

A vote of thanks to Miss Thurstan, proposed from the Chair, was passed by acclamation at the termination of her most instructive address.

NURSING AND THE WAR.

During the past six months we have interviewed hundreds of nurses anxious "to go to the front," and ready to give up good positions for the change. Some are now returning in a somewhat chastened frame of mind. "The front,"—or, in the majority of instances, the voluntary hospitals at the base in which they have been working in France—has not proved altogether satisfactory. One nurse, who has done six months' war work, in applying for work on the R.N.S., remarked: "Imagine the disorganisation in the nursing world when all this excitement is over. I want to get settled in before the rush for work begins." We fear this is taking time by the forelock indeed!

The widely-circulated notice from the War Office of the shortage of nurses has inspired women from far and near and overseas to offer their services. We hear the Matron-in-Chief has simply been inundated with applications from suitable and unsuitable persons, and a vast amount of disappointment has resulted, as work for 3,000 V.A. probationers is going to be provided. In this connection, only about half that number, so far, are prepared to sign the year's contract to serve in military hospitals, so that it is not improbable that the War Office will be invited to sanction a six months' term of service for these ladies.

So many funny things have happened "on the other side," that to see women dashing about in a manly garb now occasions no surprise. London, however, still maintains some prejudice on this point, and when one of the syrens of the trenches (she calls herself a "nurse") recently appeared at the War Office in "knickers," she occasioned a considerable flutter and strain on the proverbial red tape. If only these hybrids would not make us responsible for their vagaries it would be a relief.

The following trained nurses have been appointed Sisters at the Cardiff Military Hospital, and from the qualifications submitted they without exception are ladies of wide experience, the large majority having held positions of Matrons or Sisters:—

Miss Margaret Macdonald, cert. Western Infirmary, Glasgow; Miss Enid E. George, cert. Royal Infirmary, Manchester; Miss Ethel G. Jones, cert. St. Bartholomew's Hospital; Miss Mildred Evans, cert. Royal Infirmary, Manchester; Miss Mary E. T. Samuels, cert. Royal Infirmary, Preston; Miss Jessie Buglass, cert. Royal Infirmary, Newcastle-on-Tyne; Miss Beatrice A. Harper, cert. General Hospital, Wolverhampton; Miss Sophie Hilling, cert. The Infirmary, Birmingham; Miss Edith M. Davies, cert. General Hospital, Cheltenham; Miss Annie Speight, cert. Royal Infirmary, Bradford; Miss Elizabeth Bradshaw, cert. Royal Infirmary, Bradford;

Miss Olive M. Cooper, cert. Royal Infirmary, Manchester; Miss Marie J. Howarth, cert. Royal Infirmary, Manchester; Miss Ada S. Morris, cert. General Hospital, Maidstone; Miss Lucy Taylor, cert. General Infirmary, Rochdale; Miss Florence Punter, cert. Royal Infirmary, Gloucester; Miss Annie Hutchison, cert. Royal Infirmary, Manchester; Miss Florence M. Walker, cert. Queen's Hospital, Birmingham; Miss E. G. Evans, cert. Prince of Wales' Hospital, Tottenham; Miss Louisa Jackson, cert. General Hospital, Northampton.

At a recent meeting of the Fraserburgh School Board a number of the female teachers of the board had expressed a desire to give their services as nurses during the war, and wanted to know if their places would be kept open. Before granting permission, the board communicated with the Department as to whether junior students would be allowed to take over their work. The Department wrote stating that they were against the employment of junior students. The School Board therefore refused to keep their places open for the teachers. We consider the decision absolutely just. The teachers have a most useful vocation of their own, for which they are trained and paid from public funds. Why should they assume that they possess the trained skill of the professional nurse?

Miss Daisy Edith Phillips, Sister of the Children's Ward in Barnet Infirmary, recently volunteered, and was accepted, for service in Serbia in connection with the Wounded Allies' Relief Fund. The announcement of her intention was received by the Board with unanimous expressions of admiration. Her post is to be kept open for her, and her salary to be made up during her absence to what she was receiving. The Guardians expressed their desire to give her some token of goodwill, and she chose a cabin trunk and a silver watch. On the morning that she sailed the Board received a letter from Miss Phillips saying how much she appreciated the action of the Board in helping, instead of hindering, her intention.

The party of five nurses who left Waterloo for Serbia on Thursday, April 29th, went off in very good spirits. They included Mrs. Palmieri, who was trained at the New York City Hospital, and was Superintendent of the Yellow Fever Hospital at Havana under Major-General Gorgas, Mrs. Cadell, Miss Daisy Phillips (trained at the Farnham Infirmary), wearing the watch given to her by the Barnet Guardians, from whose Infirmary staff she resigned to take up her present work; Miss Ethel Franklin (trained at the London Hospital), and Miss Bertram (trained at the Cumberland Infirmary, Carlisle). They will travel by sea to Salonica and thence to Kragujevac. A picture of the party appears on page 387.

The following party of nurses are leaving

London on Saturday, May 8th, for Serbia. They will travel on Sir Thomas Lipton's yacht.

Miss Kate Mildred Moore (Matron), Misses Blackstock, E. Gillingham, L. Mitchell, C. Munro, C. Morris, F. McDowell, L. H. O'Rean, F. W. Pritchard, E. Simpson, D. Stephen, A. B. Sweeney.

The 2nd British Farmers' Unit, organized by the Serbian Relief Fund, will also travel out at the same time. They include Misses D. M. Argent, F. C. Armstrong, E. M. Crouch, H. A. Foss, E. H. Furninger, F. E. MacCoy, A. McChaffy, G. Morris, L. A. Moore, A. Murphy, H. F. Simmons, F. E. Swift, V. West, Symes, M. E. Wheaton, and M. Wilkins.

The last unit sent out by the Serbian Relief Committee of the first British Farmers' Unit, is to

they have had skilled nurses the death-rate has been reduced from 50 or 60 per cent. to eight or ten per cent. Mr. Weigall pays a tribute to the splendid self-sacrificing work which is being done in Serbia by English nurses.

We learn from Wellington, New Zealand, that as the nurses selected for the New Zealand nursing contingent, which is to proceed to the front, are already fully qualified, it is not considered probable that they will require to undergo any period of training in camp before their departure.

Miss H. Maclean, Assistant Inspector of Hospitals and Registrar of Nurses, has been appointed Principal Matron, and the Nursing Sister in charge



MISS E. FRANKLIN.

MRS. PALMIERI.

MISS BERTRAM.

MRS. CADELL.

MISS DAISY PHILLIPS.

NURSES LEAVING WATERLOO FOR SERBIA.

be stationed at Belgrade, and Mrs. Stobart's unit at Kraguevatz.

The second Serbian unit of the Scottish Women's Hospitals has been stopped at Malta, and requisitioned by the Governor for immediate service with the British troops.

Mr J W Weigall, who has been engaged in Serbia in Red Cross work, speaking of the condition of the Serbian people, draws a harrowing picture of the conditions of things which have arisen there through the terrible ravages which have been made by typhus, and the great lack of medical aid and appliances. The latest reports show there is a great diminution in the typhus epidemic and the intensity of the disease. Since

of the New Zealand nurses at Samoa has been appointed Matron of the contingent. Ten members of the contingent will be given the rank of Sister, and the remainder the rank of Nurses. The whole of the members, sisters and nurses, will have the same status as officers in the New Zealand Expeditionary Force, and the term of service will be for the duration of the War and their return to New Zealand.

The rates of pay have been fixed as follows:—Matron in charge, £150 per annum; Sisters, £120; Nurses, £100. Each member of the contingent will receive an outfit free, and where meals and residence are not otherwise provided for, each will receive an allowance of 3s. 6d. per day.

FRENCH FLAG NURSING CORPS.

Miss Hampson and Miss Pouncey, having completed their engagement with the F.F.N.C., in France, have now returned to London; both Sisters are on the staff of the London Association of Nurses, and have done most useful work. They have been on duty at Lisieux—Miss Hampson having charge of the theatre work, which she raised to a high state of efficiency; and Miss Pouncey nursed in the officers' and another ward, which, we hear, were materially improved under trained superintendence. Both Sisters had very hard work all the time, and are feeling in need of rest for a time.

Cleanliness and cheery kindness must be the first orders of the day. British sisters are never tired of recording their admiration of the courage of French soldiers; "verily they bear pain like Stoics of old," writes one. "The other day four were brought into this hospital with only two feet between them, and many have half their faces shot away." How heartrending and terrible is the price paid by all brave men in this ghastly War!

With the constant contradictory orders from the War Office concerning permits for foreign service, every obstruction is being placed in the way of nurses wishing to serve in France. Ten members hope to leave this week with Miss F. E.



MISS M. E. JONES, AND MISS E. PROCTOR. F.F.N.C.

Miss Lilian Miller, who left for France with the last unit, has succeeded Miss Hampson in the charge of the theatre at Lisieux, where, no doubt, she will maintain the high standard attained.

The British nurses are always longing to brighten up and beautify the temporary military hospitals, in which they are working in France; and are not easily reconciled to the ugly grey military blankets and somewhat bare wards. This is very natural, and we have the firmest faith in the beneficial effects of beauty as well as comfort; but we must remember war is war, and where money is being poured out like water in the prosecution of battle, and in the preservation of civil life, it is not possible to provide all the grace and sweetness of our splendid home hospitals in times of peace.

Anstice (Charing Cross and King's College Hospitals) as Supervisor. The unit will be composed of Miss M. C. Jones, cert. London Hospital; Miss E. Bright Robinson, cert. London Hospital; Miss M. P. Mackinnon, cert. Glasgow Royal Infirmary; Miss T. C. Downie, cert. Glasgow Royal Infirmary; Miss M. Dunlop, cert. Glasgow Royal Infirmary; Miss M. Campbell, cert. Glasgow Royal Infirmary; Miss E. Proctor, cert. Denbigh Infirmary; and Miss D. E. Coppin, cert. Buchanan Hospital, St. Leonards.

The Sisters' summer uniform is very neat, blue Sicilian coats and capes with a touch of crimson, on which the pretty French Flag badge shows up well, and blue straw hats trimmed blue ribbon.

JOINT WAR COMMITTEE.

The following nurses have been deputed to duty in home hospitals:

Grove House Hospital, Harrogate.—Miss E. Fison.
V. A. D. Hospital, Trent Bridge, Notts.—Miss V. F. Davies.

Kingsland House, Shawford, Winchester.—Miss A. B. Hatch.

St. John's Hospital, Holmedale, Hastings.—Miss E. A. Mason.

V. A. D. Hospital, Quarry Place, Shrewsbury.—Miss F. Tyson.

Red Cross Hospital, Bakewell, Derbyshire.—Miss M. Keseltine, Miss K. D. Johnson.

Sandacres, Parkstone, Dorset.—Miss Jourdain.

B. R. C. Hospital, Highams, Woodford, Essex.—Miss McMorrow.

Yarrow Military Hospital, Broadstairs.—Miss J. Gordon.

V. A. D. Hospital, Scorton, Darlington.—Miss M. A. G. Dixon.

The Close Hospital, Winchester.—Miss L. L. Eskell.

V. A. D. Hospital, Strood, Kent.—Miss F. E. Solomon.

Second East Anglian Field Ambulance Hospital, Gostwycke, Colchester.—Miss E. C. Turner.

Sheffield Manor Military Hospital, Basingstoke.—Miss M. Eardley Wilmot.

Ashlawn Red Cross Hospital, Rugby.—Mrs. L. Darley.

Highland Clearing Hospital, Amptill Road, Bedford.—Miss M. Woolgar.

V. A. D. Hospital, Victoria Hall, Southborough.—Miss C. E. Parker.

Auxiliary Military Hospital, South Wingfield, Derbyshire.—Miss I. W. Tuxford.

Trent Vale Hospital, Stoke, Staffs.—Mrs. P. Hawkins.

44, Eaton Place, S.W.—Miss J. Bemrose.

Red Cross Hospital, Studley Court, Stourbridge.—Miss R. M. Moore.

Throat and Ear Hospital, Golden Square, W.—Miss B. M. Templeman, Miss E. Lethbridge.

V. A. D. Hospital, Trent Bridge, West Bridgford, Notts.—Miss M. Winterton.

Miss Norton (from Boston, U.S.A.), was present at the recent meeting of the Ladies' Committee of the Order of St. John, when Adeline, Duchess of Bedford, conveyed to her the warm thanks of the committee, for the munificent gifts sent for the sick and wounded by the ladies of Boston. Miss Norton said there was intense sympathy for England and France in America.

Sir Claude Macdonald gave a most interesting report of his recent visit to the Anglo-French Hospitals in France, and said "khaki" would pass one anywhere. He spoke appreciatively of the work of the nurses and masseuses. Convalescent hospitals for men requiring rest and nerve bracing were being established ten miles from the trenches; the men were perfectly magnificent and were being well looked after;

and having a good time between spells of duty in the trenches. And well they deserve it.

CANADIAN RED CROSS NURSES.

The first unit of the contingent of nurses sent to England at the expense of the Canadian Red Cross Society, which will number 50, have arrived in London, full of patriotism, and keenly desirous to place their services at the disposal of the Mother Country. The party includes 21 nurses holding three years' certificates of training, sent by the branches of the Society at Ottawa, Toronto, Montreal, Quebec, Winnipeg, Calgary, Regina, Hamilton, London (Ontario) and Newmarket. The seniors are Miss Burritt (Ottawa), Miss Drury (Montreal), Miss Jacobs (Toronto and Winnipeg), and with them are the Misses Aikman, Johnson, Burns, MacFarlane, Bolster, Bowlby, Dixon, Allow, Fordham, Grenville, Adams, Mackintosh, Lee, Pell, Ramsay, Gordon, MacGregor, and Niles.

The nurses arrived at Liverpool on Saturday, on the *Corsican*, and were met by Colonel C. A. Hodgetts, of the Canadian Red Cross Commission, Mr. F. Tobin, Chairman of the Liverpool Committee of the St. John Ambulance Association, who presented them with a basket of roses, and others. On arriving in London they were met by Sir Herbert and Lady Perrott, Sir Claude Macdonald, Miss S. A. Swift, Matron-in-Chief, and other officials. On Sunday they were entertained by Lady Perrott, on Monday they attended at St. John's Gate and received instructions about their uniform, which includes a grey herringbone serge street suit with a grey and white striped shirt waist, and white straw hat with black band, chosen for them and procured in London. The indoor uniform dress is of butcher blue cotton. They have already received invitations to a reception on May 6th at 35, Belgrave Square given by Lady Paget, and are also to be entertained by Lady Mount Stephen at a matinee on May 11th, previous to their being posted for duty in military hospitals. The nurses report that all classes in Canada are eager to help the Empire at this crisis, and economise in many ways in order to be able to do so.

THE CARE OF THE WOUNDED.

The King and Queen have, during the past week, visited the sick and wounded officers who have returned from the front and are now at Guy's Hospital, and soldiers at the British Red Cross (Weir) Hospital, Grove Road, Btlham.

The Matron of Ottershaw Military Hospital, Surrey, has received a cheque for £18 os. 6d. from wounded soldiers of the Queen's Royal West Surrey Regiment in appreciation of their treatment at the hospital.

A number of eminent entomologists have been sent to the front to take precautionary measures against any possible plague of flies.

The fact that at the present moment there is not a single case of dysentery among the troops is evidence of the excellent work of the Royal Army Medical Corps and the sanitary officers.

Nowhere have help in personal service, medical comforts, and cash been offered more lavishly to the Mother country at this time than in Australia, where Lady Helen Munro Ferguson is President of the Australian Branch of the British Red Cross Society. Now Madame Melba, by a series of concerts, has raised over £6,000 for the funds.

The appeal in the Press of Lady Falmouth and Mrs. Gwynne Holford for help in establishing a convalescent auxiliary hospital or hospitals, where soldiers and sailors who have been maimed in the war can learn how to use their artificial limbs before returning to their own homes, will warmly commend itself to many. The scheme has the approval of the Queen, and the sanction of the Directors-General of the Navy and Army, and several eminent orthopaedic surgeons have promised their help. Those who desire to help this work should communicate with C. H. Kinderdine, Esq., St. Stephen's House, Westminster, S.W., marking their letters "Auxiliary Hospital."

In the recent attack on Dunkirk the Military Hospital was, unfortunately, partially wrecked and many of the wounded killed. The arsenal, which appears to have been the enemy's objective, was untouched.

The Surgeon-in-Chief from the Urgency Cases Hospital at Bar-le-Duc, writes to Miss Eden, the Hon. Secretary:—

We are all very happy here, although we are kept pretty busy. Everybody is most kind to us from General Mignon down. He often comes to see us and spends quite a time in the wards looking at wounds and examining cases.

On one occasion I was right up at the front, and I can only say that the roads from there to St. Meneshould are terrible.

Most of our cases are wounds of the limbs, some of them very bad. We get a lot of fractures, most of them compound.

At first the cases that came to us had been some time in other hospitals and they were usually much infected. Now we get fresh cases and we try hard to kill out any infection. I must say it is difficult, however, as the wounds are soiled with earth and bits of clothing.

I am very pleased with the staff. The surgeons are a splendid lot of men, and the nurses are a fine hardworking lot of women.

The authorities here give us freely of what they have got, and even buy certain things for us. Their surgical dressings differ a good deal from ours, but some of them are very useful.

You can be assured that this hospital is doing good work and hopes to do even better in the future.

THE NURSES' MISSIONARY LEAGUE.

ANNUAL CONFERENCE AND MEETING.

THE VOCATION OF NURSING AND ITS POWER IN THE WORLD TO-DAY.

The thirteenth Annual Conference and Meeting of the Nurses' Missionary League was held on Wednesday, April 28th, in the University Hall, Gordon Square, W.C. In spite of the unprecedented call at this time for the services of trained nurses, a good muster of members availed themselves of the invitation.

CONFERENCE.

Morning Session.

The guests were hospitably received at 9.45, with tea and various light refreshments, and at 10 a.m. the Conference was opened with prayer. Miss A. M. Boyle presided over the morning session.

The subject of the Conference was "The Vocation of Nursing and Its Power in the World To-day."

THE CALL OF GOD.

The first address was given by Miss Mayers, on "The Call of God." She asked her hearers to consider what they were met together for—to give. We live, she said, by what we give; we never get when we come to get. Life—all life—is a call. A nurse stands for the strength of God, and it is her vocation to impart strength. She would make a great mistake if she lost touch with its source. It was not necessary to go out of our path, but to be more and more faithful to what we are. Faithfulness up to the hilt was required of us, if we were to fulfil our vocation. She urged her audience to take a wide view of their work, and not merely to live as individuals. She told a story of a dying officer in the trenches during the present war, who refused the tea brought to him. "You want it," said he; "remember we have to hold the trenches." Miss Mayers concluded by saying, "There are two great realities in this vast universe—the heart of God and the heart of man—each seeking the other.

THE QUEEN'S NURSE: HER DIFFICULTIES AND OPPORTUNITIES TO-DAY.

Miss Amy Hughes, the next speaker, took for her subject, "The Queen's Nurse: Her Difficulties and Opportunities To-day." After giving a brief outline of the origin of the Queen Victoria's Jubilee Institute for Nurses, she said that when it was realised what were the intimate relations between the district nurse and the masses of the working classes, it would be understood that very special women were needed for this branch of work. The difficulties associated with it were very great, the lack of material ready to hand, and that which every good nurse must feel keenly—the having to leave serious cases, such as enterics, where there was no isolation hospital available, to the care of their friends until the next visit. District nurses needed to be able to educate others; to

be tactful, and to be able to influence. She pointed out that a nurse who had been most successful in the North and Midlands might quite likely be an utter failure in London and the West of England—so different were the temperaments of localities. But, if a nurse were to be any good at all, she must aim at a moral and spiritual raising of her patients, as well as their bodily welfare. She touched on the difficulties which sometimes arose with committees and doctors, and the tact that was needed in intercourse with them. Many words that the nurse had uttered, barely conscious of them, bore fruit and helped in a way she had not dared to hope. The district nurse had great responsibilities, great service, and great reward. She mentioned that there were four hundred Queen's Nurses working in connection with the war.

called to use their influence, not by preaching or proselytising, but by high standards and ideals. In their preparation for the work, they took a special course of Bible study, and because of this religious basis they surely must be better nurses. It would be difficult to find a more magnificent vocation than that of a district nurse with this aim.

THE WORK OF THE TERRITORIAL NURSE.

Miss Darbyshire (St. Mary's Hospital, Paddington) next spoke on "The Work of the Territorial Nurse." She said that the Territorial Nursing Force was composed of experts, many of whom possessed extra qualifications. Almost every eminent specialist, who was asked to serve, had complied with the request, so that the nurses had the advantage of working with the very best. Last August every member of the Territorial Force Nursing Service was served with a notice, and an awful feeling it was to receive that green envelope from the War Office. The nurses rolled up magnificently. Speaking for No. 2 Hospital, she said that they literally worked like slaves in the first days of preparation. On one Sunday night, they got ready three hundred beds for the men that they were told were coming in next day. Luckily, however, they did not come. For her part, she had never worked so hard in her probationer days, and it was a triumph for trained work. With all due respect to the Red Cross workers, she asserted that the work

could not have been accomplished by amateurs. Nurses who had not scrubbed for years were hard at it, and she was only thankful that she was not working with people who did not know their job. However willing they could not have done it. There were only two ranks—the sisters and nurses with the orderlies under them—and they soon rubbed the corners off each other.

The contrast between the nursing department and the domestic had this great difference. The nurses knew their job, but for the most part the male officials were all doing unaccustomed work. In the kitchen the cook, for instance, had been a clerk in a warehouse for soft goods, eider-down quilts, and such like, and she at one time despaired of ever getting the dinners up. The Service was a



SISTER EVERARD AND AFRICAN HELPERS.
NEAR SIERRA LEONE, WEST AFRICA.

THE WORK OF THE RANYARD NURSE.

Miss Zoë Puxley spoke on "The Work of the Ranyard Nurse." Like the former speaker, she outlined the history of the Society, and said that it was originally primarily a body of Bible women. The first district was formed in the same year that Agnes Jones died. The Ranyard nurses did not work outside the London area; the nurses lived in their districts, and so were able to get into intimate touch with their patients. It was not, under these conditions, any nurse, but *my* nurse. The districts were divided into sections with a sister to each section, and she was guide, philosopher and friend to the nurses.

The nurse were specially chosen women who possessed a strong religious basis, and who were

triumph of the organisation of the trained nurse. No one could have nicer patients, whether they were Regulars, Territorials or Kitchener's Army. They were used to discipline, and they almost revered the Sisters. *It is the good woman who scores*, she said emphatically. She paid a high tribute to those who were recruited from the school nurses and the excellent way in which they managed their patients. Was there any profession, trade or work more honourable than that of the nurses who served in the war? They had done as well as, and a good deal better than, any other class of worker.

THE NURSES' MISSIONARY LEAGUE.

Miss Macfee, B.A., then addressed the meeting on "The N.M.L. in its world-wide aspect." She said that after much consideration they had decided to hold the Conference as usual, in spite of difficulties in the way owing to the war. There were somewhere about 170 members engaged in the war. In the mission field there were 200 nurses drawn from 90 different training schools. Their nurses were literally all over the world. She alluded to the far-reaching effect of the war, and the members who came into touch with it in consequence. The missionary needs were as great now as before it began; the tale of suffering was still being told. She pointed out how the members of the Nurses' Missionary League were building up the standard of the nursing profession in other lands. Speaking of some of the hardships of mission work she said that one of their members in Gilbert Islands had received only four mails since the war began. She concluded by emphasising the need of being followers of the Lord Jesus Christ, without which all work stood for nothing.

During the short interval that followed, refreshments were served.

COLONIAL NURSING.

It was announced that owing to illness Mrs. Villiers Hawkins was unable to read her paper on "Colonial Nursing," but Lady Macdonald had consented to take her place. The Colonial nurses, she said, had done splendid work in connection with the War. Thrilling accounts had been received from Nyasaland, where they had been actually under fire. In the Penang Government Hospital they had nursed the wounded from the Russian cruiser that was attacked by the *Emden*. In the far-off Falkland Islands after the naval action of December 8th, King Edward's Memorial Hospital had been placed at the disposal of the naval authorities. The naval medical officer in charge could not speak too highly of the skilled nursing of the Colonial Nursing Association's nurses.

In the ill-fated *Palaba* there were two of their members, one joining the Expeditionary Force in the Cameroons, who was mercifully saved. The other nurse, who was returning to her work on the Gold Coast, went to her cabin to fetch some possessions and was never seen again.

MISSIONARY NURSING.

Mrs. James Maxwell (Formosa) spoke on

Missionary Nursing. She said that every nurse training for the Mission Field knew what she was training for. Every true Christian nurse was a missionary, but at home there were many more distractions. Slackers were not wanted, but the best nurses and those who went out for the sake of winning souls. Work would always be done much better if it were the work one really liked. The new language was a great difficulty to have to settle down to master; it was a great trial when one was burning to begin work. Then a new climate and the rearrangement of one's ideas, and the loneliness had all to be faced. The patients presented other difficulties. They had no special desire to be nursed, no idea of cleanliness or discipline. She told of a typhoid case discovered sitting up in bed with an opened tin of meat; of a dysentery patient discovered with a basket of unripe plums. The young native girls who assisted also had quite a different code of morals from British nurses, and their word was never to be depended upon. She urged her hearers who were purposing to go abroad to learn every single thing they possibly could. Nothing would be wasted. Hygiene, cookery, dressmaking, typewriting, photography, all came in useful. She advised them also to learn to teach the Bible simply, so that they would have the advantage of being used to impart knowledge, though they had to learn to do it in a strange language. A missionary, she said, has to play every part.

DEVOTIONAL ADDRESS.

The Devotional Address was given by the Rev. G. Charlesworth, Chaplain at Guy's Hospital.

He said that he was not going to make the mistake of speaking to experts about their work. Nurses all were ordinary women, and it was wholesome to remember this, not more or less willing to do their duty than members of other professions. Religion should not be a selfish thing, just to get ourselves into Heaven. We should be prepared to sacrifice all. He that saveth his life shall lose it.

Everyone was called to serve, to bear witness, somewhere at home or abroad, but they were not always to expect a definite call. It was sometimes very difficult to decide what God's purpose was for us. Opportunities constitute a call. His experience was that sick people were not more susceptible to religion than sound, but the influence of a Christian Sister or nurse could not be denied. They should ask, "What can I do?" God had put into our hands opportunities of bringing new worshippers to Him which were second to none in the world.

The morning session concluded with hymns, prayers and intercessions.

CONVERSAZIONE.

The afternoon Conversazione was from 2.30 to 5 p.m., and the hostesses were Mrs. Carless, Miss M. C. Gollock, Miss Haughton and Mrs. Hoare. The library during the interval for

lunch had been metamorphosed by inviting little tea tables and gay bouquets of flowers. There was time for pleasant conversation and happy re-union of friends, every one being made to feel welcome by their kind hostesses.

Mrs. Dennes delighted the guests with her rendering of "Lead Kindly Light," and "O Divine Redeemer" by Gounod.

THE VOCATION OF NURSING IN THE HOME HOSPITAL.

The first address was given by Miss A. C. Gibson, formerly of Birmingham Infirmary, on "The Vocation of Nursing in the Home Hospital."

She began by saying that she was an old-fashioned nurse, and when she had begun to train many years ago her family had been rather ashamed of her, and used to keep it rather quiet when she went home for holidays. She told of Paula in

heart was in her work would be the nurse with influence. It was a terrible thing to have to give up nursing. Nothing else could ever so fill a life. This was duty. Never to grow weary, never to grow cold, to shed influence, and to love for ever.

THE VOCATION OF NURSING IN THE MISSION HOSPITAL.

Dr. Lilius Blackett, M.B., B.S., Multan, next spoke on "The Vocation of Nursing in the Mission Hospital." She gave an amusing account of her first impression of a mission hospital. There was a ward certainly with beds in it. No sheets, no nightdresses. Patients underneath and around the beds, or perched on the rail at the foot. An Indian girl going round pouring medicine down patients' throats without apparent reference to the Sister in charge. The thought arose, "Where

do I come in?" Out of the confusion by and by emerged a meaning: (a) patient; (b) her children; (c) bedding. Some of the women running about the ward were really very ill indeed. Some cases were ill beyond what one ever sees at home. All the skill and knowledge that one possessed were needed. She described how naturally one was able to teach religion without any semblance of preaching. A patient would ask if the nurses were all sisters; surely they were, or why should they all be there. You would tell them that though you were not sisters you were all followers of the one Master. The chief business of the European Sisters was to train the native nurses, who very seldom went on nursing

for more than four, five, or six years. She advised her hearers if they wanted to feel the joy of living every minute to go abroad.

WAR AND MISSIONS.

Miss M. C. Gollock then spoke on "War and Missions." She described the war as a concentrated exhibition of what human beings were capable of. On the one hand were the devastation, sin, cruelty, that always accompanied war; and on the other were deeds of heroism and mercy. Because of the great failure of the exhibition of Christianity, women were called to give themselves in new ways, and to help to remove the stain by new service and devotion.



SISTER SIMMONS, SISTER MILLER,
DR. W. EGAR, DR. DODSON, MRS. ORTON.
INDIAN NURSES IN FRONT AND BACK ROWS.

THE STAFF AT THE C.M.S. HOSPITAL, MULTAN, N. INDIA.

the fourth century who went about and fed and clothed and washed the sick, and was "piteous and debonair." She thought two better words than these could not be chosen for an inspiration. She spoke with great enthusiasm on true nursing vocation. To nurse the sick should be the one thing desired above all else; it would make drudgery divine. There would be no weariness in well doing to the nurse who had vocation. She dwelt on the danger of making spiritual and moral value secondary to the commercial. There was as much to be done at home, she said, as by those nurses who were, so to speak, standing in the limelight. The poor were the very first to recognise the true nurse. The nurse whose

It was the beginning of a new era in which the Christian Church was called to witness as it has never witnessed before. The deeds committed in this war filled us with shame; but in Palestine, where all missionary work was closed, one woman, Miss A. Lawford, declined to leave, and remained to nurse her enemies. She invited her hearers to determine to do better and greater things than ever they had done before.

Miss Macfee spoke for a few minutes on things of general interest to the League. She said it was wonderful how, in spite of many hindrances, the hospital meetings had, without a single exception, still been continued. Members of the Nurses' Missionary League were working at Dunkirk and Boulogne, seventeen were at the Hospital Arc en Barrois, Haute Marne, and one was on an ambulance train. They were forming an Anglo-French *entente cordiale* by passing on a spirit of friendship and love. Two of their members, besides Nurse Lawford, were still in Palestine, Miss Johncock and Miss Croft. Miss Hope Bell was President of the Nurses' Association in China, and in India three of their League were members of the Executive of the Trained Nurses' Association. It was satisfactory to state that the Fund had been better than ever supported this year. In the different spheres of war, slums and distant lands the members were gaining deeper inspiration, fuller power year by year.

EVENING MEETING.

At the evening meeting the chair was taken by Dr. H. Crichton Miller, who in moving the adoption of the Annual Report said that it was most satisfactory that the work of the League should have continued and progressed at this difficult time when many societies had been all but overwhelmed. In dealing with financial matters, he drew attention to the fact that fully half the income had been raised by the members themselves, but that, unfortunately, one generous friend was obliged to discontinue a subscription of £100 a year, and in the future that would have to be made good. He then spoke of the great service which the League was rendering in giving Nurses a wide outlook before they went to the mission field. As in drilling each unit had to know its work in relation to other units, and to the whole battalion, so a missionary needs a broad outlook and a Nurse needed to realise that she was not only a member of such and such a training school going to a certain country, but also that she was a part of a great whole. This wide outlook it was the work of the League to give.

After the adoption of the Report, Miss Richardson read a letter from Dr. Gordon Mackenzie, deeply regretting that he was unable to be present as all leave had been stopped, and he was still on duty at the Front.

THE REQUISITE QUALITIES OF A MISSIONARY NURSE.

Dr. Hugh Weir, of Korea, was the next speaker, and took as his subject the requisite qualities in a missionary nurse. He put first *meekness and*

humility. It was not true to think that there was some wonderful glamour about missionary work; it was, of course, a privilege to work where there were fewer workers, but the surroundings were civilised, there were even some luxuries. If there was drudgery at home there was more out there, and the missionary must go out not for Korea, but for *service*. There was no better place for service than the mission field; the missionary was first of all a servant of God, his main work to manifest his Master, but he was also a servant of his own mission, and his fellow-missionaries, and must be willing in the very restricted quarters, with little variety, to yield to others and serve them. Above all, the doctors and nurse missionaries were servants of their patients in even greater measure than at home. The patients were often ignorant and dirty, and the worker must remember that he was there to *serve*, not to "boss" or manage them. The same was true with regard to the native staff. Authority must be used, but not so as to hinder their spiritual life. The second requisite was *adaptability*, and being able to fit in with existing conditions, which were often very bad. The Koreans did not see the use of cleanliness; there was no money to spare, and appliances were consequently few; the native workers were unreliable, for instance, it was almost impossible to get them to stay awake as night nurses; the customs were different, a Korean liked to lie on something *hard*, and his dietary was quite different. For these reasons the nurse must not try to attain her ideals too quickly, but must be full of resourcefulness to extemporise the necessary things out of next to no materials. The third requisite was *efficiency*. The bulk of the work might be fighting dirt, and generally supervising, but times would come when every power and every single bit of skill would be necessary, and therefore the most fully trained nurses were required. In closing, Dr. Weir said that there was a very great call for more missionary nurses. The war was showing up the constant existence and the awfulness of suffering. Surely when it was over many who were taking their part in nursing the wounded would go out to the mission field where the need was so great.

CLOSING ADDRESS.

The closing address was given by the Rev. E. S. Woods (Chaplain to H.M. Forces), who spoke on Revelation vii. 9-17. He contrasted the conditions when St. John wrote, faced with the appalling hostility of the great world power the Roman Empire, with those which exist to-day. To the sorely pressed Churches St. John sent the message of the omnipotence of God, and the permanence, certainty and reality of spiritual things, facts which we too needed to remember. Christianity was again in the arena, and we might well look at the picture drawn by St. John. First of all he dwelt upon the *membership in a glorious fellowship* of the saints, and to-day, too, the unseen reaches of this fellowship were

becoming more precious to us. Secondly, he saw men coming out of great tribulation, and recognised the discipline of suffering. In all suffering it was possible to choose in what spirit we would take it, whether we accepted it because we must, or faced it willingly. To-day many were realising that the presence of the unseen Christ made the difference which transfigures all. Lastly St. John saw a company which "serves Him day and night." This showed the one motive for service; in the drudgery and weariness let us always remember our Lord's words: "Inasmuch as ye did it unto the least of these, ye did it unto Me." All service was given us to do, let us be careful to use it as a channel to communicate Him to those who know Him not.

N.M.L. SUMMER CAMP.

Nurses, whether members of the Nurses' Missionary League, or otherwise, are cordially invited to the Summer Camp at Beaconsfield, Bucks, from June 23rd to July 7th. The Camp will be housed in Old Jordans Hostel. The entire cost will be 19s. a week for those sleeping in dormitories, and 26s. for those in the Hostel. Further particulars can be obtained from Miss H. V. Richardson, Sloane Gardens House, 52, Lower Sloane Street, S.W.

APPOINTMENTS.

SISTER.

Tynemouth Union. Tynemouth.—Miss Sarah Isabel Tiplady has been appointed Sister. She was trained at the North Riding Infirmary, Middlesbrough, where she has been acting as Sister for a short time.

NIGHT SISTER.

Victoria Hospital, Blackpool.—Miss E. Fellows has been appointed Night Sister. She was trained at the Hospital, West Bromwich, and has been Sister at the Hospital for Women, Soho Square at the Guest Hospital, Dudley, and at the Kent and Canterbury Hospital. She has also had experience of private nursing.

Infectious Hospital, Stoke-on-Trent.—Miss Jennie Hull has been appointed Night Sister. She was trained at the Mile End Infirmary, E.

SISTER-MIDWIFE.

East End Mothers' Home, 394, Commercial Road, E.—Miss Elizabeth Rankin has been appointed Sister-Midwife. She was trained at the Mile End Infirmary, E.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The following Lady Nurses have been permitted to retire from the Service:—Nursing Sister, Miss A. M. Deakin (February 2nd); Nursing Sister Miss J. Hickie (April 2nd).

QUEEN VICTORIA'S JUBILEE INSTITUTE. TRANSFERS AND APPOINTMENTS.

Miss Lolita G. Wheeley is appointed to Lincolnshire County Nursing Association as Superintendent. Miss Wheeley received general training

at Durham Place, Chelsea, and District training at Manchester (Salford Home) and has since held several appointments under the Institute, including that of Superintendent (Temporary) Berkshire County Nursing Association.

Miss Sophie T. Grieves is appointed to Penzance; Miss Ethel M. Hubbard, to Beccles; Miss Lilian G. Lowe, to Taunton; Miss Violet Saunders, to Bembridge; Mrs. Waterhouse, to Stourbridge.

Her Majesty Queen Alexandra has been graciously pleased to approve the appointment of the following to be Queen's Nurses, to date April 1st, 1915:—

ENGLAND.

Hilda E. Hall (to date January 1st, 1915), Winifred H. Silvester, Marie C. Bannister, Harriett M. Lewis, Edith B. Long, Grace E. Miller, Daisy S. Snow, Helen B. Lee, Eleanor M. Shephard, Catherine M. Henniker, L. Taylor, Ethel J. Robinson, Winifred J. Bignell, Daisy M. Amos, H. O'Reilly, Maude V. Johnson, May Violet E. Wood, Elsie M. Wood, Margaret A. Perkin, Ada M. Thomson, Mabel A. Proctor, Hilda H. Lee, Kathleen E. M. O'Reilly, Ethel Jackson, Clare J. Sutherland, Kathleen H. Coulehan, Mary Crowhurst, Margaret E. Hannah, Clara Northall, Edith Naylor, Eva M. Sutton, Jane Giles, Evelyn M. Hedley, E. Henley, Jinny M. Morris, Elizabeth V. Davies, Florence L. Samuels, Mary Delve, Gladys Nutt, Amelia Jackson, Mary Ann Halligan, Frances Miles, May H. Bartlett, Minnie F. Jackson, Ruth M. Broughton, Gladys M. Roberts, Charlotte M. Bottomley, Eleanor Insley.

WALES.

Beatrice Brooks, May Evans, Meirion Evans.

SCOTLAND.

Mary J. C. Beck, Christina R. Carnie, Sarah Clark, Hetty M. Cochrane, Janet Falconer, Eleanor Foster, Harriet A. Macfarlane, Janet Mair, Agnes A. Simpson, Georgina A. Simpson, Margaret M. Smith, Mary M. Smith, Annie M. Spence, Margaret Harkness.

IRELAND.

Florence M. Gilmartin, Honora Healy, Jennie Jackson, Annie Byrne.

TUBERCULOSIS NURSES.

In connection with the treatment of tuberculosis, concerning which a circular has been issued by the Local Government Board to the Councils of County and County Boroughs, the Board have also had under consideration the question of the provision of nursing for persons suffering from tuberculosis who are being treated in their own homes. They recognise that the provision of skilled nursing for some of these cases forms an essential part of the treatment, and it is desirable that nurses already employed at the dispensaries who have sufficient time for this work should undertake the nursing of patients in their own homes.

METROPOLITAN ASYLUM BOARD.

NURSING ECHOES.

EXAMINATION OF NURSES IN APRIL, 1915.

We have pleasure in publishing the long list of successful candidates in the examinations held at the Metropolitan Asylums Board fever hospitals. The Gold Medalist Probationer, L. M. Smith, of the Brook Hospital, obtained 83 per cent. of full marks, and the two Silver Medallists, Probationer W. Howard, Grove Hospital, and Probationer R. Seidel, South-Western Hospital, 82 per cent. It is also interesting to note that of the six gold medals so far presented by this Board, four have been won by candidates from the Brook Hospital. We congratulate both Miss Bann, the Matron, and her pupils, and indeed all concerned for defining and encouraging standards for Fever Nurses.

LIST OF SUCCESSFUL CANDIDATES.

Sisters.—E. M. Smith, Brook; A. E. Hudson, Grove.

Staff Nurses.—E. J. Smith, Brook; S. R. Philp, Eastern; K. E. Corney, North-Western; E. E. Diplock, North-Western; S. A. Brooks, North-Western.

Probationers (Maximum marks, 600).—L. M. Smith, Brook (Gold medal); W. Howard, Grove (Silver medal); R. Seidel, South-Western (Silver medal); E. Margerrison, North-Western; C. E. Everett, North-Western; E. H. Holloway, South-Eastern; L. N. A. Mills, South-Western; B. E. Makinson, Eastern; C. N. Mackinnon, South-Western; E. W. Reimbach, Eastern; A. C. Roberts, Eastern; E. E. Matthews, Western; W. M. Over, Western; D. Morgan, North-Eastern; L. E. Newland, South-Western; A. C. Phelan, North-Western; K. M. Croke, Eastern; E. M. Johnson, North-Eastern; J. M. Anderson, Western; G. Moses, Grove; C. M. Carnall, Grove.

Assistant Nurses, Class II.—Examination only (Maximum 400).—E. W. Gale, Western; A. Mokes, Grove; H. G. Robinson, Brook; A. Holmes, Grove; E. Higgins, North-Western; E. A. Stearn, Brook; C. E. Birch, North-Western; E. Daly, South-Eastern; N. V. Sander, North-Eastern; J. A. Arnold, North-Eastern; J. Woodhouse, Grove; R. Chaplin, North-Eastern; H. E. Adams, North-Eastern.

Assistant Nurses, Class I.—E. Farnes, Park; M. E. Rowe, Park; J. E. Stevenson, Park; M. F. Bray, Park; E. E. Sullivan, Park.

SUMMARY.

	Entered	Passed	Failed
Sisters	2	2	—
Staff Nurses	10	5	5
Probationers	28	21	7
Assistant Nurses, Class I. ..	5	5	—
.. .. Class II. ..	18	13	5
Total	63	46	17

The Medical Committee of the Church Missionary Society are issuing invitations to nurses to an all-day conversazione on May 14th, from 10 a.m. to 9.30 p.m., at the C.M.S. House, Salisbury Square, Fleet Street, E.C., in commemoration of the Jubilee of C.M.S. Medical Missions. The hostesses will be: 10 a.m. to 12.30 p.m., Lady Baker Wilbraham and Mrs. Thornton; 2.30 to 5 p.m., Mrs. Carless and Miss M. E. Ray; and 7 to 9.30 p.m., Mrs. T. F. Victor Buxton and Miss L. V. Haughton. Models of Mission Hospitals and curios will be on view; short addresses will be given from time to time by medical missionaries. There will be vocal and instrumental music, and light refreshments will be served. Members of the Nursing Profession will be welcomed at any time throughout the day.

A very practical way of being useful in the present crisis recently came under our notice. A band of ladies offered their services to a well-known hospital to repair the bed and personal linen. The Matron most thankfully accepted the offer. "Do you mean it?" she said. "I have never received such an offer before." If more people would be content to grease the wheels, instead of wanting to drive the engine, the trains would run much more smoothly and with less risk to life.

The nurses, with everyone else connected with the General Hospital, Nottingham, will agree with the words of the Chairman, Mr. F. Acton, who at the Annual Meeting, in an eloquent tribute to the life and work of the late President, Sir Charles Seely, remarked:—"He was ever seeking to make some nook of God's creation fruitfuller, better, more worthy of God. Although Sir Charles," said the Chairman, "would not allow the extent of his benefactions to be made known, you may accept it from me that between 1895 and the day of his death the sum total of his expenditure for the welfare of this hospital must have exceeded £100,000."

We well remember meeting for the first time this kind man, inspired by such lofty ideals, when working at the Children's Hospital, Nottingham, thirty-seven years ago. After looking round the hospital we walked with him to the gate. He paused on the other side, and said wistfully: "Are you not too young to be that side of the gate? I have a beautiful

garden; come and play in it." We went; it was a lovely place, full of peace.

The Glamorgan County Education Committee, on the assumption that Red Cross nurses are greatly needed, have given two of their teachers leave of absence for this purpose. If after a month's probation they are allowed by the military authorities to continue their service, their salaries will be made up to them by the Committee, but if not they will lose it. In our opinion, these teachers would be better employed earning their salaries in the calling for which they have been trained. There is no appreciable shortage of nurses at present.

An interesting award has been recently made in New Zealand, where a lady has been elected to membership of the King's Empire Veterans. This is Nurse Ball, of Auckland, who served in South Africa with the Black Watch, 42nd Highlanders, and gained the Queen's Medal with three bars and also the Royal Red Cross, the last being one of the four decorations which can be worn by British women, the Victoria Cross of the nursing profession. Nurse Ball received the Cross for carrying a wounded soldier fifty yards under fire during the war in South Africa and attending him afterwards.

Our advice in our last issue to our readers to "Kill that Fly" has brought us a poster, issued by the National Union of Trained Nurses, 39, Great Smith Street, London, S.W., showing "The Great Disease Carrier" many times magnified. Numbers of flies are hovering over a manure heap, from which they make a bee line on the one side to a basin of milk, and on the other to a joint of meat (from filth to food). As it is demonstrated that from June to August one pair of flies produces 12,500,000 descendants, we think we need say no more to emphasize how supremely important it is to "Kill that Fly." The price of the poster (37 in. by 31 in.) is 1s. 3d., postage 4d., and it should find a place in out-patient departments, dispensaries, schools for mothers, barracks, &c.

An exhibition is being arranged in the Zoological Gardens, Regent's Park, N.W., illustrating the different species of flies, their favourite breeding places, and the most practical means of destroying them. The exhibits will also include a window trap for catching the mature fly before it enters the house, and traps for kitchens and other places where flies congregate.

A "BELGIAN AFTERNOON."

First there came an unknown lady, who told a tale of mystery. It seemed the lady in charge of the Belgian Relief Fund here had sent me a note, asking me to meet her at 10. The note had vanished. In consequence I naturally had been awaited in vain! Then came the kernel of the matter. I had offered to do "spadework" and nurse the refugees when necessary, would I bath two detachments that afternoon! Well, to be brief, the note never turned up, but the refugees did, and so did I, and 4 p.m. saw us beginning operations in some local baths, kindly lent.

Imagine the usual waiting room with seats on the two long sides, four bath rooms opening off one side. The waiting room seemed crowded and noisy as I went in, three women, two girls of about 12-15, two small boys, and two babies; all were talking or crying. The bath attendant told me all four baths were ready, and that two boxes of clothes had arrived. Presently one of the Committee ladies came, and she kindly took over the clothing department, and I started on the two bigger girls. After explaining that I was removing all their own clothes to be washed (or stoved), that they should have them again, that I was not going to annex anything, I managed to get the two women to sit down and manage the babies, who yelled lustily all the time.

I fixed all the doors so that I could go in and out quickly, and began bathing in earnest. Alas, I hadn't noticed one small boy! He had been interested in the safety handles and locks, and when I came out of one bath room for a pair of scissors he took the opportunity to loose the latch, thus locking in the girl! She only understood Walloon, and so we then had a perfect babel of explanations, expostulations, and the caretaker of the establishment had at last to be fetched, and he managed to clamber over the partition and put things right. I went on with my work, having told the women to keep an eye on the boys. They were filled with dismay at the sight of the scissors. Was I going to cut off their hair? No, only nails. Oh là là; but I was *washing* their hair. Apparently nearly as great a calamity to them! The young imp took the opportunity of my talking to the mother to lock another door. Repetition of same scene with musical honours this time, the small boy getting well spanked by his mother. Then came the outfitting part, and when it was really grasped that we were giving them an entire set of clothes, they all began to explain, clearly and precisely, exactly what they wanted! It was most comical to see the attempts to clothe these folk quickly and suitably. At length it was done, and the two girls were sent to the waiting room, where they had tea and cakes. Then came the babies, still exercising their lungs, then the boys, who really did enjoy the novelty of the bath, and who also took a great

pleasure in scrubbing their small legs with a new nailbrush.

The older woman was invited next, and she seemed amenable, although I had heard that she had hitherto refused to think of a bath! Just as we began work she sighed deeply, and fell forward into my arms—a heart attack. Luckily it soon yielded to simple treatment, and presently the patient was able to rejoin those who had been “through the mill” and were at the tea stage. A generous friend provided tea and plentiful cakes for them all after the bath. This first batch was then sent off “home” in cabs, all very cheerful, and certainly in much better spirits than either they or I had anticipated.

The second lot were not so difficult, partly because none were children, the youngest being a girl of about sixteen, who was born blind. We soon got them bathed, and after some difficulty fitted them with clothes. In some cases the effect was comic. I was anxious that all should have some head covering, as the night was frosty. These poor folk were not used to hats, and flatly refused, so we compromised with shawls. After 3½ hours’ hard work we were able to send off the last batch, and then we enjoyed a breath of fresh air.

For my part I still had work to do, for I had rescued the babies’ dollies from the general hecatomb, and had promised to attend to them in private. The poor dollies had suffered quite as much as their owners, and needed various supplementary garments. These were provided and you can imagine that the return of the prodigal dolls to their various owners was hailed with cries of delight.

D. V.

THE ORGANIZATION OF THE PROFESSION OF MASSAGE.

The organization of the profession of massage is work which is urgently needed, because more, perhaps, than any branch of remedial treatment massage has been exploited and abused. We have every sympathy, therefore, with the aspirations of the Incorporated Society of Trained Masseuses, which, founded in 1894, and incorporated in 1900, has done much to differentiate the legitimate from the illegitimate masseuse, to maintain a definite and rising educational standard, and to emphasise the professional side of the masseuse’s work. Its aims are identical with those which we have set before us in working for the organization of the nursing profession for over a quarter of a century.

Until recently we have not dealt much with questions concerning masseuses, preferring to leave them to discuss their own affairs in their own official organ. But recently we have been asked to publish correspondence between the Society and some of its prominent members, and we have complied with the request, because the correspondence raised important points, and we

believe that the best policy, in the interests of everyone, is to ventilate them. The wisest solutions are usually found after free discussion.

The point of view of the members concerned will be within the memory of our readers. We have further been courteously supplied with official papers by the secretary of the Society, and desire now to make some suggestions which, if adopted, might remove just cause of complaint.

The first point which strikes us as likely to cause injustice and friction is the following Declaration which candidates entering for the Society’s examination are required to sign over a sixpenny stamp.

I undertake to abide by all the rules and regulations of the Incorporated Society of Trained Masseuses with regard to the duties and conduct of Masseuses, and to submit to the jurisdiction of its Council in the decision of all matters relating to my conduct as a Masseuse. I further agree that in case I shall hereafter in the opinion of the Council be guilty of conduct, professional or otherwise, detrimental to the Society, to forthwith give up and return to the Secretary my Certificate, and I agree that my name may be removed from the register of Masseuses kept by the Society.

The fact that every member of the Society has signed this Declaration, without provision being made in the Constitution for appeal, is proof of the singular incapacity of the majority of women to protect their own interests and their own professional position. They agree that the Council shall be sole arbiter as to the correctness of their conduct, professional and otherwise, and that it may, without notice and in camera, remove their names from their professional register, thereby depriving them of their means of making a professional livelihood.

Such absolute powers should not be committed to, or sought by, any governing body.

NURSES’ INTERESTS PROTECTED.

In this connection we may point out that under the Nurses’ Registration Bill provision is made to safeguard the interests of any Registered Nurse proceeded against under the Act.

Clause 21 provides that “before suspending or removing any nurse’s name from the Register on account of breach of any rules or misconduct, the Council shall send to such nurse a statement in writing by registered letter of the breach or misconduct imputed to him or her, and shall afford the nurse an opportunity of giving an explanation in writing or in person.”

MIDWIVES’ INTERESTS PROTECTED.

In the case of midwives provision is made that “proceedings for the removal of a name from the Roll or the cancelling of a certificate shall be commenced by the issue of a notice in writing addressed to the accused person by the Secretary on behalf of the Central Midwives Board. Such notice shall specify the nature and particulars of the charge alleged against the accused person, and shall inform her of the

day on which the Board intend to deal with the case and decide upon the said charge. The notice shall further require the accused person to forward her certificate to the Secretary before or at the hearing of the case, to answer in writing the charges brought against her, and to attend before the Board on such day."

Fundamental principles of British justice are that a person is innocent until he is proved guilty, and that every accused person has the right to be heard in his own defence, and these principles should be observed by the governing body of every profession, and insisted upon by those governed.

THE COUNCIL.

When we study the constitution of the Council of the Incorporated Society of Trained Masseuses, which has assumed such extensive powers, we find that it consists of twenty members, and that the twelve founders of the Society (two of whom are now deceased) were appointed members for life, and that a proportion of them are engaged in the active practice of massage. In order, therefore, to avoid any charge, with or without foundation, that preferential treatment is given to members of the Council, they should, in our opinion, submit themselves periodically to re-election, and further, all members should have the right to nominate members of Council. We understand that this has not been the practice until the present year, when, we are glad to hear, nominations were invited in writing.

It appears that the Council have the functions of both judge and jury, and it would seem very advisable that the two functions should be distinct.

Again, the Society maintains a registry of members, who must hold its certificate and be nominated by other members. If on the register, they pay percentage on cases obtained through the Society, as decided by it, and it is only when no member of the Society is available that work is passed on to those who are certificate-holders only.

The officials of the Society therefore largely control the distribution of work and financial success amongst masseuses, which makes it all the more imperative that all certificate holders should be entitled to representation.

UNPROFESSIONAL ADVERTISING.

It is a curious fact that while the Society prohibits its members from advertising in any way whatever, except in recognised medical papers, it places its own official announcements in papers which, from the nursing point of view, are unprofessional, inasmuch as they are neither edited, owned, nor controlled by trained nurses, and that it imposes, as a condition, that only advertisements of schools and teachers which it recognises shall appear in the same column. It may be necessary to require an undertaking to this effect from trade publications for nurses, owned and edited by the laity, but a professional nursing journal has the same ethical standards

as a professional medical journal, and demands the same control of its advertising department. No self-respecting professional editor can therefore accept such terms.

We consider, therefore, that the Society which has done much for the profession of massage in its infancy will now be well advised to consider the amendment of its Constitution on broad and liberal lines, and that such amendment should be discussed not only by the Council of the Society, but by all certificate holders, who, whether they are members of the Society or not, form the profession of massage as a whole, and should have a vote for the personnel of their Certifying Body, as all registered medical practitioners have for the direct representatives on the General Medical Council.

We are of opinion that, as constituted and worked at present, the Council of the Incorporated Society of Trained Masseuses has, perhaps inadvertently, established a monopoly in massage.

This is inadvisable for the healthy progress and practice of any profession, and it is not improbable that if its Constitution is not made more comprehensive, a rival Examining Body will be organized.

SPAT UPON.

In a letter on the treatment of British prisoners in Germany, Lord Charles Beresford says:—

I have received numerous letters from relatives and prisoners themselves. I will summarize the contents, which are heartbreaking. Many letters beseech that bread should be sent. Others contain the following information: Devilish treatment, cowardly and malicious ill-usage, insulted all day, forced to do filthy and disgusting jobs of work, clubbed with rifles, fired at, bayoneted in the arms and legs, spat upon; great coats, tunics, money and tobacco taken; made to travel in horse boxes deep in filth, their eyes being affected by the ammonia arising; confined for thirty hours in trucks without food or water, marched through the streets on show, and insulted and assaulted by the populace, the guards not interfering. At Lille the British wounded were found quite naked, their identification discs having been cut off; many of them died from exhaustion. Wounded men fell down at the railway stations; they were kicked in the stomach and face and then kicked back into the carriages. At one station, a blind man put his head out of the window, and the crowd spat in his face. When prisoners die there is no inquiry; they are just taken out and buried.

We commend this paragraph to the notice of the Proprietors of the *Nursing Times*, who have not yet had the courtesy or courage to inform the Nursing Profession whether or not that publication is edited and its policy controlled by a lady of German parentage who has been resident in England under an assumed name.

OUR FOREIGN LETTER.

A FINE FLOATING HOSPITAL.

"The transformation from liner to Red Cross Ship of the fine steamer *Ebani* has made of her a marvellously perfect hospital, and makes us realise that we too are at war 'on our own,'" writes a South African correspondent. "You will see from the enclosed report that we are quite up-to-date."

The main wards are on the upper 'tween deck, and there are two wards on the lower 'tween deck. Wards A and B are forrard and are for surgical cases, each of them containing 34 cots. The hatch into B ward is fitted with a cot lift, which will enable invalids to be removed from deck to the upper and lower 'tween decks, and is, of course, suitable for the use of patients to come up on deck.

C ward is fitted for natives and contains 19 cots. D ward has 36 cots for medical cases. E ward, for enteric cases, has 10 cots, and F ward is for officers and contains 16 cots, giving a total of 149 cots on the upper 'tween deck.

OPERATING ROOM.

On the lower 'tween deck, ward G has 28 cots, and ward H 22 cots for surgical cases, giving a total for both decks of 199 cots.

On the top, or boat deck, there are two isolation rooms for infectious cases, whilst the ship's hospital has been converted into an operating room and consulting room, and these lead out of a well-equipped dispensary. The operating room contains an operating table, instrument case, steriliser, and contains every necessity usual in a well-equipped operating theatre and dispensary.

COTS AND BATHROOMS.

The whole of the ordinary passenger accommodation has been set aside for the use of the staff. Fully 50 per cent. of the cots are swing cots or are fixed as required. Seven bathrooms have been erected and fitted with hot and cold water, whilst the sanitary arrangements are thoroughly modern and efficient throughout. In wards B and D there are two pantries elaborately fitted with sinks, hot presses, and cupboards. The ship's gallery is in itself very commodious, but in order that the hospital work may not be impeded in any way, an emergency galley has been built and fitted for the use of the crew.

STORE AND OTHER CUPBOARDS.

The Ladies' Committee has done excellent work on board, and is responsible for the provision of well-fitted linen and store cupboards, lavishly equipped with shelves. The old postal or mail room of the steamer is now fitted as a pack room and provided with lockers for 200 patients, thus enabling all their effects to be kept separately; these are properly numbered according to wards.

A proper disinfecting apparatus is being provided. The lighting 'tween decks is very good indeed, and, in addition to stationary fans, portable fans have been installed for the comfort of patients.

BOOK OF THE WEEK.

"OR SING A SANG AT LEAST."*

The War has brought forth many books and many verses, good, bad, and indifferent. It has produced, too, many efforts to help and be helpful, some again of each kind.

This little book is both verse and help, printed privately to aid the Belgian Relief Fund, by a Scotch minister and his daughter. Virile and tender, it is one to read and re-read.

What America, as a neutral power, might have done to stay the Massacre of the Innocents, and did not do, is written here in burning words. The keen disappointment felt by many of us in the attitude not alone of Germany's ruler, but of her people, towards ourselves; our despair that her boasted civilisation led not upwards, but backwards into barbarism, find just expression:

" . . . Hush, let us go:

Her deepest fall is that she does not know."

Those of us who cared for her in the past find their painful disenchantment voiced, their belief that, arraigned at the bar of history, she can only be adjudged guilty, confirmed in words which scathe and sting. The thoughts we think, but will not, cannot speak, many of them are here set down.

And yet, after all, it is the home scenes and the homely touches in the shorter poems which appeal to us most. "Hairst" (harvest), with its hint of—

"An O, ma bonnie laddie
In the Laigh Countree,"

is the voice of thousands of wives and maidens, for its sorrow and its courage.

"But O, I wadna hae him here,
For a' ma heart's sae sair;
Whaur should he be but whaur he is,
Should I ne'er see him mair?
Wha wants a coard for a lad?
'Twere better far tae dee;
But O, ma bonnie laddie
In the Laigh Countree!"

Something akin to it we have met in that blunt posture of the little servant-girl: "Well, Bill, if you're 'listed it's 'Yes,' but if you're not, it's 'No.'"

"The Red Reaper—Autumn, 1914," catches at our hearts:

"O nevermore we'll watch the great moon
throwing

The harvest fields into a happy trance!
Henceforth its light will cast the Shadow mowing
Dark swathes on fields of Flanders and of
France!"

And equally does "Killed in Action" appeal to us.

One reads the little volume with a constantly changing mind, now grave, now gay; at one

* "Or Sing a Sang at Least"; War and other verses, John S. Carroll, Katalcen Mary Carroll, Innisail, Newlands, Glasgow. 6d.

moment filled with a fierce contempt of the things that are ignoble, at another softened in the thought of all that the fight has meant to thousands and of what it yet must mean. If we could not appreciate the humour of "The Kiltie" and "The Elysian Fields," we should feel with the first verse of the latter,

"Sure, the boy in you's asleep,
Or dead—the more's the pity."

One of the most attractive parts of the book is the title of each poem, explaining and explained by the verses following it.

"Nisi Dominus"—"To the Watchers on the Sea"—breathes the spirit of calm courage, of faith and certainty which is the basis of the wee book:—

"Through the long, cold night ye are watching,
watching,
O'er the dark wastes of the sea;
And Another who sleeps not is watching, watching,
O'er the sea of Eternity;
And both are watching for Truth and Honour,
For Peace and for Liberty.

And He who slumbers not seeth you watching
Over the cold grey sea;
'Comrades! we watch together for dawning
'Of Peace and Liberty.'"

We turn back to our work with regret as we leave our little thistle-covered volume.

A. L. B.

WOMEN AND THEIR WORK.

An interesting exhibition is that on "Women and Their Work" organised by the *Daily Express*, and opened on May 1st at the Royal Horticultural Hall, S.W., by Princess Arthur of Connaught.

The idea of the promoters of the Exhibition, which closes on Friday evening, May 7th, is to bring the work of private women into prominence, and many charming examples of the Arts and Crafts of the home-worker are on view.

Mme. Marie Muller, of 217, Queen's Road, Bayswater, is showing some delightful specimens of fine Brussels and other lace, and she had the honour of making the cover for the programme presented to the Princess. At the stall of Anne Austen, Ltd., from 61, New Bond Street, W., many interested visitors watch the deft cutting of jig-saw puzzles by an expert worker. The Lyceum Club has a horticultural and agricultural section. The Middlesex Hospital has arranged a portion of a ward, and the Dowling Medical Institution is demonstrating the Radiant Heat Treatment which is being used at the Indian Hospital, Brighton, and elsewhere in the treatment of stiff and painful limbs.

Most interesting is the stand of the Invalid Kitchens of London under the supervision of Lady Muriel Paget. The invalid kitchens established in nineteen different centres in London are doing excellent work in poor districts in providing well-cooked dinners according to the diets required. They work in co-operation with district nurses.

QUEEN VISITS WOMEN'S COLLEGE.

On the afternoon of Friday, April 30th, the Queen attended by Lady Mary Trefusis paid a surprise visit to the Horticultural College for Women, at Swanley, Kent. Her Majesty who was received at the entrance by Viscountess Falmouth, Director, Miss Wilkinson, Principal, and Miss Kekewich, Secretary, visited every department, and saw the students at work, and expressed much interest and approval of all she was shown. The Queen also saw the students sent by the Board of Agriculture and Fisheries for a short course in milking and farm work, and the Colonial and Domestic Training Branch. Before leaving, Her Majesty handed £100 to Lady Falmouth, part of a sum collected for her by Freemasons' wives, to be applied to assist in training at the College those who are suffering from reverses owing to the war.

FOR EVER ENGLAND.

When Stevens died from enteric during the South African War, letters lost a most brilliant son, and now Rupert Brooke, Sub-Lieutenant of the Royal Naval Division, poet and lover of England, has laid down his splendid young life at Lemnos. It was he who wrote quite recently:—

If I should die, think only this of me:

That there's some corner of a foreign field
That is for ever England. There shall be

In that rich earth a richer dust concealed;
A dust whom England bore, shaped, made aware,
Gave, once, her flowers to love, her ways to

roam,
A body of England's, breathing English air,
Washed by the rivers, blest by suns of home.

Rupert Brooke.

COMING EVENTS.

May 12th.—Florence Nightingale Celebration, Essex Hall, Essex Street, Strand. Admission free. 8 p.m.

May 12th.—East-End Mothers' Lying-in Home, Annual Meeting, 394-398, Commercial Road, E. 4.30 p.m.

May 14th.—Church Missionary Society. Conversazione for Nurses, Church Missionary House, Salisbury Square, Fleet Street, E.C. 10 a.m. to 9.30 p.m.

May 17th-22nd.—General Lying-in Hospital, York Road, S.E. Third Post-Graduate Week for Midwives. Monday, May 17th, Reception by Matron and Staff. 4 p.m.

May 18th to 22nd.—Eighth Annual Nursing and Midwifery Exhibition, Royal Horticultural Hall, Westminster, S.W.

WORD FOR THE WEEK.

"Some acquire more by sweeping up the straw and litter than others by threshing out the grain."—H. S. Landor.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY way hold ourselves responsible for the opinions expressed by our correspondents.

THE MARKET VALUE OF SKILLED NURSING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—May I make some remarks in regard to the question of salary in war-time. I am a private nurse, and for home reasons require my full salary of 42s. or 30s. It will be a great help if this sum can be secured to us at other work. But war nursing means hospital nursing, without the responsibility, often discomforts, and expenses of private work. I am willing to work under the Army Service for their standard salary, about £40, and I consider that those who object to this, should not neglect the private patient at this time. Army nurses and hospital Sisters (often at a salary of £30) are quite as well trained as we private nurses, so how can we command a higher fee? I should be interested to hear contributors' views on this question.

Yours sincerely,

Edinburgh.

RUTH WILSON.

NURSING AFTER THE WAR.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I, for one, now feel how negligent I have been in the past, not to have done more to press forward State Registration, as, after the war, the position of the private nurse will be even more difficult than it was before, and we nurses "getting on" will soon be made to feel ourselves superfluous.

I hold a three years' certificate from "Bart's," for which I worked hard and happily for four years, but this week forty short-term probationers—the majority of whom have no need to work at all—are to be admitted for a few weeks' experience in that ancient hospital, so that they may be eligible for duty in military hospitals at a salary of £20, which very few probationers ever receive; and no doubt, at the end of their year's "training," the less conscientious will flood the private nursing world by this short and amusing cut.

Who suggested this system of disruption? The Army Medical Service or the Army Nursing Board? As both are really governed by men, I suppose it does not matter which?

Anyway, without registration, we elder women must be ready to flit as soon as Peace is declared. The competition of the Surface Nurse, of good social position, who will, no doubt, get all the patronage from the local medical practitioners she requires (as she is doing in the Voluntary hospitals at present), will mean destitution for many of us.

Yours truly,

MEMBER BART'S LEAGUE.

As the depreciation of nursing standards of training has been inspired by the Army Medical

Department at the War Office, the Nursing Profession must appeal very earnestly to Parliament to protect its efficiency, and the general public from the disastrous results of this short-sighted policy. Unless the title of "Registered Nurse" is granted to thoroughly trained and qualified nurses, and legally protected, the nursing profession will have suffered a blow from which it will take a decade to recover. This is the direct result of male employers dominating the economic condition of women's skilled work.—ED.]

NEW ZEALAND GOVERNMENT SETS
EXAMPLE TO BRITISH WAR OFFICE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I enclose cutting from a New Zealand paper, which may interest you, as showing the salaries paid by the New Zealand Government to the nurses now on their way to this country. You will notice that the nurses' rates are £100 per annum, almost the £2 2s. per week standard. As you know, in New Zealand the Registration Act has been in force many years.

Yours faithfully,

E. M. PARKER,
New Zealand Registered Nurse,
M.R.B.N.A.

Stronbar, Balquhiddie, N.B.

REPLIES TO CORRESPONDENTS.

Miss M. E. Katsch.—Members of the French Flag Nursing Corps must be of British Nationality born of British parents.

Miss B. James.—Apply to the Secretary, Colonial Nursing Association, Imperial Institute, S.W.

OUR PRIZE COMPETITIONS.

May 15th.—Give a classification of wounds. Describe three of the classes named.

May 22nd.—What are the most frequent sites of tuberculous disease in children. What can nursing do to prevent it?

May 29th.—Give three essentials in the nursing care of the mother during the first week of the puerperium.

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps for service in France, from the country, can be interviewed by arrangement with Lady Barclay, 60, Nevill Square, London, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Monday, May 10th, from 2.30 to 5 p.m., to interview candidates. Candidates must be well educated and hold a certificate for three years' training. Fever experience is a great advantage. Nurses speaking French are preferred.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

The Midwife.

QUEEN CHARLOTTE'S HOSPITAL.

The public who look to Queen Charlotte's Hospital, Marylebone Road, N.W., one of the foremost maternity hospitals, and which has a record of many years' work behind it, to give a lead in matters concerning both the training of midwives, and the organisation of means to meet the special needs of the class of patients received there, will learn with satisfaction that in both these respects their confidence is well placed.

The hospital is the only maternity hospital in the country which at present maintains a Preliminary Training School, yet how desirable it is that pupils who have had no previous training should obtain an elementary knowledge of ward work and of the special duties which they will have to perform in the care of maternity patients, is apparent. Both from the point of view of the Sister responsible for the care of the patients, in a busy ward, who has otherwise to rely upon a raw pupil to perform duties of which she is almost ignorant, or from the point of view of the patient who has to submit to these ministrations, the inauguration of preliminary training marks a distinct step forward in midwifery training.

Last year, apart from the general trained nurses, 80 per cent of the pupils entering for training elected to take the additional preliminary month, and the influence of this training is apparent in the great success of the pupils of the school in the examination of the Central Midwives Board. Of the 121 candidates sent up for the examination, 119 were successful in gaining the Board's certificate. The percentage of failures was thus 1.7 only, compared with a percentage of 16.7 over the whole country.

In view of this extraordinarily good result we can only hope that the month's preliminary training will soon be not optional but obligatory.

The public policy of the Committee is also to be commended. On the outbreak of war it offered, as on former similar occasions, to receive into the hospital for their confinement, or attend at their own homes, wives of soldiers and sailors, without the usual letter of recommendation from a subscriber, and free of cost. Their Majesties the Queen and Queen Alexandra, Patrons of the hospital, have expressed their thanks to the Committee for their action.

From the beginning of August to the end of the year 160 wives of soldiers and sailors were registered for admission to the hospital and 218 for attendance by the hospital midwives in their own homes.

ANTE-NATAL TREATMENT.

Now that the importance of ante-natal treatment is becoming increasingly recognised the value of the work done in the out-patient department of

Queen Charlotte's Hospital for nearly twenty years is evident.

Its annual report states that the systematic examination and treatment of patients before labour is of the greatest possible value, and it is no exaggeration to say that many lives are saved thereby every year. The department has grown to such an extent that during the past year no fewer than 1,777 patients were examined, the total number of examinations made being 3,003. The great value of this ante-natal treatment is, moreover, not confined to the mothers alone, it is of equal value to the children for by means of it many lives of infants are saved.

An important change in connection with the out-patient department during the past year has been in connection with the district midwives. Until recently these midwives have provided board and lodging for themselves and the pupils sent them by Queen Charlotte's Hospital and have been permitted to engage in private practice. Henceforth the hospital will provide accommodation and board for the midwives and their assistants, and the practice of the midwives will be restricted to the hospital work only. This arrangement must be in the interest of the hospital and its pupils, as the midwives will now have no divided interests.

THE LADIES' ASSOCIATION.

The Ladies' Association, which has now been in existence for over three years, has given most valuable help to the hospital. During the year its Executive Committee has made grants of linen to the hospital amounting to £201, and has presented eight new special Labour Bedsteads, which were much needed, and have been found to be of great service. The subscription of £50 for the "Ladies' Association Bed" has been continued, and a donation of £64 has been made to the General Fund of the hospital which is greatly in need of additional support.

In addition 2,891 articles of linen for ward and household use have been provided by the Association and the cost of renewing and remaking bedding (£26 5s. 4d.) has also been borne by it. This is certainly a very good record of work for the year.

THE EAST END MOTHERS' HOME.

The Annual Meeting of the East End Mothers' Lying-in Home will be held at the Home, 394, 398, Commercial Road, E., on Wednesday, May 12th, at 4.30. The Home, which is doing a good work amongst a very poor and hard working section of the community, is in need of all the help its friends can give it. Miss Margaret Anderson, the Lady Superintendent, writes: "There have been so many serious cases, and so many premature infants, that each individual has cost more, mentally, physically and financially."

ASSOCIATION OF INSPECTORS OF MIDWIVES.

The Annual Meeting of the above Association will be held at the Royal Horticultural Hall, Vincent Square, Westminster, on Friday, May 21st. Morning Session, 11 a.m.; Afternoon Session, 2.30 p.m. Sir Francis Champneys, M.D., F.R.C.P. (Chairman of the Central Midwives Board), will deliver an address at 3 p.m.

Inspectors of Midwives, who are not members of the Association, are invited to the afternoon session.

The Committee will meet at 10.30 a.m.

A. A. J. POLLARD, *Hon. Sec.*

MIDWIVES' TOTAL ABSTINENCE WAR LEAGUE.

Midwives, writes a correspondent, are being circularised as largely as is practicable asking them to join the above League. Those working as private nurses are difficult to reach except through the medium of the Press; they are earnestly asked to join with practising midwives by pledging themselves to abstain from alcohol (that ordered by a medical practitioner excepted) until the termination of the War. Those in the profession who are already total abstainers will help the scheme by sending in their names. The pledge is as follows:—

I undertake to abstain from all alcohol* until the termination of the War.

Name.....

Address.....

Date.....

* Alcohol ordered by a medical practitioner excepted.

Signatures should be sent in to the Midwives' Institute, 12, Buckingham Street, Strand, with M.T.A.L. written on the envelope, not later than May 31st.

Throughout the country there is a vast movement on foot to combat the dread enemy of Drink. The great temperance cause is gaining many adherents who before have held back, because they realise that their beloved country needs arousing to the insidious and demoralising effects of excessive indulgence in alcohol. Will midwives follow the King, and by their example, influence, and combination make themselves a powerful factor in this crusade? There is not one who has not said: 'What can I do more for my country in its hour of need? The type of midwife who celebrated the birth of the new baby by joining the friends in a glass of wine, or spirits, is happily historical only, but there are many who take a little alcohol occasionally—broken nights, hard days, hurried meals make them think a little stimulant necessary. It is these women who by their self-denial and example will add to their influence for good in the homes

they visit by joining those who are already abstainers, in the Midwives' Total Abstinence War League.

POST-GRADUATE WEEK FOR MIDWIVES.

The Third Post-Graduate Week for Midwives will be held at the General Lying-in Hospital, York Road, S.E., on May 17th to 22nd, inclusive. The subscription for the course is 5s., and those who wish to join should send their names and subscriptions to Sister Olive as soon as possible. All certified midwives are eligible.

PROGRAMME.

May 17th (Monday).—4 p.m., Reception by Matron and Staff. Tea. 5 p.m., Lecture by Dr. Fairbairn.

May 18th (Tuesday).—11 a.m., Clinic in Wards, conducted by House Physician. 2 p.m., Meet at Hospital; Visits to Queen Charlotte's, East End Mothers' Home, and Salvation Army Maternity Hospital. 8 p.m., Lantern Lecture.

May 19th (Wednesday).—11.30 a.m., Clinics on "The Baby," conducted by Ward Sisters. 3 p.m., Lecture by Sister Olive. 5 p.m., Dr. Fairbairn's Lecture to Pupil Midwives, followed by Clinic on Abnormal Cases.

May 20th (Thursday).—11.30 a.m., Demonstration in Milk Kitchen. 2.30, Meet at Hospital; Visits to the Medical Museum and Marylebone Infants' Clinic.

May 21st (Friday).—11.30 a.m., Demonstration in Milk Kitchen. 2 p.m., Meet at Hospital; Visits to College of Surgeons' Museum and Walker-Gordon Dairy Farm. 4.30, Tea at Hospital. 5.30, Lecture by Sister French. 8 p.m., Post-Graduate Lecture at Midwives' Institute by Dr. Willett. Tickets, 6d. each.

May 22nd (Saturday).—11 a.m.—1 p.m. Test paper (optional). Prizes given.

JEWISH MATERNITY SOCIETY.

Lady (Marcus) Samuel presided at the annual meeting at Toynbee Hall, of the Jewish Maternity District Nursing, and Sick Room Helps Society of which she is president. Mrs. L. Model (the hon. secretary) read the following letter to Lady Samuel from the Queen's private secretary:—

"Dear Lady Samuel,—I have laid your letter before the Queen, and am commanded by Her Majesty to thank you very much for the report, which you have been good enough to send for the Queen's inspection. Her Majesty is interested to hear that your Society were the pioneers of the scheme for 'home helps,' and that your hon. secretary has been working in conjunction with the Central Committee on Women's Employment for the training and employment of 'helps.'"

Mr. A. Lazarus, the treasurer, stated that the model maternity home of the Society with its six beds was quite inadequate for the work.

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EDITORIAL.

THE IMPERIAL MOTHER.

In the vital struggle, against the forces of barbarism, in which this Empire is now engaged, the country needs the loyal service not only of its men but of its women, and recent events must have convinced the whole community how closely the maintenance of peace, and the duty of making war, affect women, who claim, and have earned, the right to a place as patriots.

To all sentient human beings, whether men or women, the only consolation in times of grief and stress is that they are playing their part worthily, and performing their national duty to the utmost of their ability, and that the fullest scope is given to them to enable them to discharge their national obligations.

For women of British blood, who love their country, to sit still and wait for the coming of grief and disaster is an impossibility, and we have only to glance back over the efforts made by individual groups of women to realize how strenuously they have sought to serve their country since war was declared.

But, it is also apparent, that had they been organized during the time of peace their services might have been of still greater value at this national crisis. Thus duties have been assigned to persons incapable of performing them, and others have been prevented from giving to the nation skilled and invaluable service.

It is unquestionable that women are endowed with the highest sense of duty, and it is intolerable to them to find themselves adrift on a sea of disorganization, and their abilities and enthusiasm wasted.

We claim not only that every man, to whom the responsibility of Empire has been entrusted should be taught how to discharge his national duty, and encouraged to

perform it, but that every woman has also her rightful place in the protection and safety of the Empire.

To her belong the place and duties of the Imperial Mother, a rôle which concerns not only her physical but her spiritual nature, and in this sense the field of woman's work is of most vital importance, and of practically unlimited influence.

Nor need the Imperial Mother of necessity be the mother of men. Her country is her child, on which it is her pleasure to lavish her deepest love and devotion.

The thriftless muddle, resulting from our self indulgent standards of living is now apparent, and if the great jewel of the British Empire is still to blaze in the central place of the Crown of Nations the spiritual forces of the whole nation, man, woman and child, must inspire those who grasp the flaming sword which guards its place of honour.

The Nursing Profession comes more intimately into touch with the personnel of war than any other class of women, and the National Council of Trained Nurses composed of the most progressive groups of our profession, are to hold a Conference in London on June 10th, not only to discuss the duty of the trained nurse in time of war but the place and duties of the Imperial Mother in peace and war.

Details of the Conference will be found upon another page, and we have no doubt that upon a question so urgent, so patriotic and so vital women workers of diverse interests will eagerly seek admission.

The President of the National Council of Trained Nurses of Great Britain and Ireland will present her suggestions for a National "Scheme for Social Service in relation to the Soldier," and will propose the organization of a new Order of Sisters for special service both in time of peace and war for the benefit of the Navy and Army.

OUR PRIZE COMPETITION.

GIVE A CLASSIFICATION OF WOUNDS. DESCRIBE THREE OF THE CLASSES NAMED.

We have pleasure in awarding the prize this week to Miss C. G. Cheatley, Union Infirmary, Lisburn Road, Belfast.

PRIZE PAPER.

A wound, technically defined, is a solution of continuity of any of the tissues of the body, but when the term "wound" is used without qualification, it implies that the skin or mucous membrane is divided, and that external hæmorrhage has occurred.

Wounds may be caused by incisions with cutting instruments, punctures with pointed knives, lacerations with blunt crushing instruments, or by gunshots.

The methods of treating wounds will vary according as to whether they are made during an aseptic operation, are caused by accident, or are already infected with micro-organisms.

(a) *Operation Wounds*.—These are made with aseptic instruments, through prepared skin, and should remain aseptic during the whole process of healing. If it has been possible at the time of the operation to bring the edges of the skin together, and they do not subsequently become separated by suppuration or gangrene occurring, the wound heals with a minimum of scar tissue. This method of healing is called healing by first intention, and it is the aim of the surgeon to get all his operation wounds to heal by this method.

Healing by first intention is completed in about ten days. In cases in which the skin surfaces cannot be brought into apposition, or where subsequently suppuration or gangrene has occurred, causing separation, a large amount of scar tissue is formed, and the wound is said to heal by second intention, or granulation.

(b) *Accidental Wounds* are made with surgically dirty instruments, possibly through surgically dirty clothes and surgically dirty skin. Very often actual visible dirt is ground into them, and it may be taken as an axiom that any large accidental wound is infected with organisms at the time it is made.

First-aid Treatment of Accidental Wounds.—Hæmorrhage must first be arrested, and aseptics should be carried out as far as possible. It should be remembered that everything at hand—the fingers, handkerchiefs, rags, water, &c.—will probably be septic, while the tissues wounded are aseptic, and it will be seen that nearly everything applied to wounds is likely

to cause harm. The ideal dressing would be a sterilised one, but this is little likely to be at hand, and as a substitute any freshly washed linen can be used. If the bleeding has ceased and a large cake of coagulated blood covers the wound, this should not be removed, as it forms a good aseptic dressing of Nature's providing.

An exception to not washing wounds is made in those cases in which earth—particularly garden soil—is found in the wound. This should be washed away, as it frequently contains the deadly tetanus bacillus, which, if not removed, may cause death in a few days. Before washing such a wound some weak antiseptic should, if possible, be added to the water, such as spirits of wine, and the surrounding skin may be cleaned with a little turpentine.

(c) *Infected Wounds*.—A wound may already be infected, before it comes under treatment, with organisms, such as the streptococcus and the staphylococcus, which causes it to suppurate, and it is then said to be septic.

The edges of the wound will be red and swollen, healing will cease, and there will be a constant discharge of pus. The patient's temperature will be raised, and he will show signs of poisoning by the toxins of the organisms. Septic wounds may either be operation wounds, or accidental wounds in which aseptic treatment has not been carried out or has failed.

An infected wound should be dressed with the same aseptic precautions as are used for dressing aseptic wounds; a septic wound might also be infected with the tetanus bacillus, and lock-jaw result. In dressing infected wounds the principles of aseptis should never be transgressed, and above all, the nurse's hands must be thoroughly washed before and after each dressing. Septic dressings should never be touched with the fingers, forceps always being used; and if the nurse has to dress both septic and aseptic cases, indiarubber gloves that can be boiled between each dressing are valuable adjuncts to aseptis, as the hands are kept from actual contact with septic material.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. B. Owen; Miss E. F. Clark; Miss E. Messenger; Miss H. M. Thirlby; Miss H. Ballard; Miss L. C. Cooper; Miss M. Liebert; Miss F. Sheppard; Miss M. Punchard; Miss J. Simmons; Miss P. Robinson; Miss E. M. Streeter; Miss E. O'Shea.

QUESTION FOR NEXT WEEK.

What are the most frequent sites of tuberculous disease in children? What can nursing do to prevent it?

We regret that owing to a clerical error it was stated in our Prize Competition on page 382 last week that cow's milk must be diluted with barley water if the child is relaxed, and lime water if it is constipated. The reverse is, of course, the case.

TREATMENT OF ENTERIC FEVER.

Pissavy reports in the *Journ. de Méd. et de Chir. Pratiques* on the treatment of enteric fever among troops in the field by the continuous application of ice to the abdomen, a method due to de Massary, who cured 128 out of 140 cases by this means. Pissavy's treatment consisted in the application of bladders full of ice to the abdomen, giving plenty of beverages, and administering $\frac{1}{2}$ grams of urotropine in the twenty-four hours, and also ethereal camphorated oil and adrenalin as required. Of 189 cases between November 10th, 1914, and January 31st, 1915, 36 were treated in this way, with three deaths, while 153 were treated by the classical methods, with 26 deaths. Thus the ice method is decidedly superior to the packs and cold lotions. It must, however, be begun the moment the patient is admitted; it is of little use when the disease has made serious progress.

ENTERIC FEVER AMONGST BRITISH TROOPS.

Mr. H. J. Tennant, Under-Secretary of State for War, replying in the House of Commons to a question from Sir Courtenay Warner with regard to the incidence of enteric fever amongst the British troops in the Expeditionary Force, said:—

Up to date 963 cases have occurred, and of these 780 have been analysed; 142 cases have occurred in men inoculated fully with two doses of vaccine. Among these ten deaths have occurred, giving a case mortality of 7 per cent.; 157 cases have occurred in men partially protected by inoculation—that is, who have had only one dose of vaccine. Among these there have been ten deaths, giving a case mortality of 6.36 per cent.; 481 cases have occurred in non-inoculated men. Among these there have been 100 deaths, giving a case mortality of 20.79 per cent.

To appreciate the full value of these figures it must be brought to notice that 90 per cent. of the troops forming the Expeditionary Force have been inoculated voluntarily. Therefore, among 90 per cent. of the Force (i.e., inoculated men) there have been 299 cases and 20 deaths. In the other 10 per cent. (uninoculated men) there have been 481 cases and 100 deaths.

CONFERENCE DAY, JUNE 10th, 1915.

A Day's Conference, convened by the National Council of Trained Nurses, will be held on June 10th, at the Rooms of the Medical Society, 11, Chandos Street, Cavendish Square, London, W. The Morning Session will be devoted to Papers on the "Duty of the Trained Nurse in War," when a Resolution on the State Registration of Trained Nurses will be submitted, and the need for a Trained Nurses' Economic League will be discussed.

Mrs. Walter Spencer has most kindly invited those attending the morning session to luncheon at 2, Portland Place, W.

At 3 p.m. the Afternoon Session will open, the Papers to be grouped under the heading of "The Place of the Imperial Mother in Peace and War."

Mrs. Bedford Fenwick, the President, will give the opening address on "A Scheme for Social Service in relation to the Soldier: (a) Scientific Domestic Management; (b) Personal Hygiene; and (c) Preventive Nursing." Each of these Sections of Service will be subdivided, and supported by experts.

Before the Meeting closes, Mrs. Fenwick will propose the organization of a new secular Order of Sisters, to make it possible for the women of the nation to perform their duty in relation to the Navy and Army in peace and war.

Tickets (free) for the Conference can be obtained at 431, Oxford Street, London, W.

BEATRICE CUTLER, *Hon. Secretary.*

THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY.

Trained nurses who wish to manage their own approved Insurance Society would do well to apply for information to the Secretary of the above Society at 431, Oxford Street, London, W.

The Committee is entirely composed of trained Matrons and Nurses; also the clerical staff are women. Every claim is considered in the utmost privacy, and is not subjected to the curiosity of young male clerks, as in so many other societies where women insure.

Moreover, it is high time that trained nurses kept the control of their State finances in their own hands. It is their duty to do so, otherwise all the well-paid clerical posts are filled by men.

NURSES REGISTRATION.

SUPPORT OF BRITISH MEDICAL ASSOCIATION.

The Annual Representative Meeting of the British Medical Association will be held in London on Friday, July 23rd, 1915, and following days, and in the Annual Report of the Council, which appears in the *B.M.J.* last week, we are pleased to note that careful consideration has been given by the Council to the following Minute 125. Resolved:—

That this meeting views with concern the increasing number of insufficiently trained nurses, and instructs the Council to call upon the Government, and the other authorities concerned, to take steps to remedy the evil.

The Council has drawn the attention of the Chancellor of the Exchequer and the late Chairman of the Joint Committee of the National Health Insurance Commission to the opinion expressed in the above Minute, in connection with the proposed provision of a nursing service which was projected by the Government in connection with the Insurance Acts previous to the outbreak of War. The Council is of opinion that the number of untrained nurses who are able to obtain employment is due partly to there being an insufficient supply of trained nurses, and that this deficiency would be remedied by anything which improved the status, and increased the attractions, of the nursing profession. In the opinion of the Council, therefore, the restriction of the number of insufficiently trained nurses will be best brought about by the Association and other bodies interested continuing their efforts to obtain State Registration of Nurses.

This is an expression of opinion with which we heartily agree, and, further, we consider that as the efficient nursing and safety of sick people is an imperative duty of the State, the British Medical Association might well force the hand of the Government, as no Government dare flout determined public action upon the part of the medical profession, in demanding protection for the community from dangerously incapable and often fraudulent attendants in sickness, thus trifling with the general standard of national health, and in consequence with the future stability of the Empire. Sound health is the fundamental basis of every nation's security, the source of its energy, and it is energy which generates every form of fitness. Give us an army of health missionaries with sound, tested knowledge, able to enforce the sanitary law and domestic science, and we shall keep on top.

CANADIAN RED CROSS NURSES.

The party of Canadian Red Cross Nurses, whose arrival in this country we announced in our last issue, were on Thursday, May 6th, entertained at an afternoon reception at 35, Belgrave Square, S.W., by Lady Paget, who received her guests with the graciousness and charm which have made her one of the most popular of hostesses, at once making them feel the warmth of the welcome extended to them not only by herself but by the Mother Country which they hold in such love and loyalty, and at whose disposal the Dominion of Canada has placed their highly skilled services. It is noticeable that they express no desire to be sent to this place or that, but wish just to be used wherever they are most wanted.

To meet the nurses Lady Paget had invited the Duchess of Buckingham and Chandos, Adeline, Duchess of Bedford (Chairman of the Queen's Ladies' Committee at St. John's Gate), Lady Strathcona, Lady Mountstephen, Lady Perrott (who was wearing the uniform of her rank as Lady Superintendent-in-Chief of Nursing Corps and Divisions of the St. John Ambulance Brigade), the Hon. Sir George Perley (High Commissioner for Canada in this country) and Lady Perley, Lady Grey, Lady Jekyll, Lady Sloggett, Mrs. Lewis Harcourt, and Mrs. Lionel Guest (herself a Canadian); Sir William Osler also looked in for a few moments but was too busy to stay for long. At this delightful gathering we had the opportunity of meeting all the nurses, with some of whom we had already made acquaintance, and of hearing something of their plans as they foregathered in the beautiful dining room, and after a tiring day thoroughly enjoyed the delicious tea which nurses at all times love, but which they were agreed is to be found in the greatest perfection in this country.

It is impossible for trained nurses to be strangers to one another for long, and when one had as mutual friends and acquaintances such famous Canadian nurses as the late Mrs. Hampton Robb, great-hearted pioneer of nursing organisation in America, Professor Adelaide Nutting, of Teachers' College, Columbia University, New York, both of whom Canada gave to the States, Miss M. A. Snively of Toronto, first President of the Canadian National Council of Nurses, Miss Wilson of Winnipeg, and many others, we quickly fraternised, agreeing that it was an honour to belong to the profession which included women of such nobility of character and aim in its ranks. Nor did we forget Miss Lavinia Dock, who, as Hon. Secretary of the International Council of Nurses, has identified herself with, and belongs to, all the nurses of all the nationalities included in that great organisation.

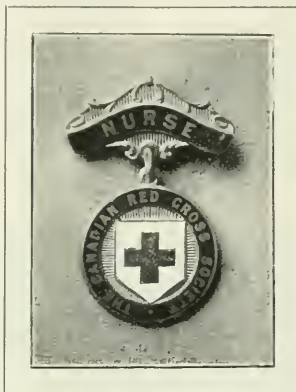
The moment quickly came when the nurses bade adieu to their kind hostess, whose gracious hospitality had given them so much pleasure, and they carried away with them, as souvenirs of the afternoon, two charming patriotic poems given them and composed by the Duchess of Buckingham and Chandos.

The first contingent of nurses sent to this country by the Canadian Red Cross Society are receiving a very warm welcome, and express much appreciation of the kindness and courtesy shown them. On Friday, May 7th, they were invited to lunch by Lady Jekyll, who arranged that half of the party should visit St. Bartholomew's and half the London Hospital subsequently. Through the kind offices of Lady Paget many seats in leading theatres have been placed at their disposal. On Friday they saw the evening performance at the St. James's Theatre, and were entertained by Lady Alexander. Sir Herbert Tree has offered three seats at a time at His Majesty's for "The Right to Kill" and Mr. Harrison six seats on Thursday afternoons at the Haymarket. They have also fifteen seats for "Baby Mine" at the Vaudeville on Thursday evening, and others at the Royalty for "The Man Who Stayed at Home."

On Monday Mrs. Curtis, sister of Miss Drury, who now that Miss Jacobs has left is in charge of the party, invited them to tea at Hampton Court Palace, and in the evening they attended

the Memorial Service at St. Paul's for the Canadians who have fallen in the War.

On Tuesday they attended, in indoor uniform, the matinee at the Palace Theatre (Lady Lansdowne's Patriotic Concert) at which the King and Queen were present.



CANADIAN RED CROSS NURSES' BADGE.

CANADIAN UNIT FOR MALTA.

The following party left Liverpool Street *en route* for Malta on Saturday, May 8th. Mrs. Finch (Matron), Miss M. Brodrick, Miss A. German, Miss Goldsmith, Mrs. M. Hockley, Miss L. Higginson, and the following members of the Canadian Unit: Miss Cecilia Jacobs, R.N., Senior Nurse from Smithville, Ontario, trained at the Chicago Presbyterian Hospital, and in Military Nursing at Toronto; Miss M. V. Adams, from Hanover, Ontario, trained at the Johns Hopkins Hospital, Baltimore; and Miss Isabel Grenville, from St. Catherine's, Ontario, trained at the General Marine Hospital; all sent by

the Toronto Branch of the C.R.C.S.; Miss Lilian Dixon, from Hamilton, Ontario, trained at the City Hospital, Hamilton; Miss Effie Bolster, from Regina, Saskatchewan, trained at the General



MISS E. BOLSTER. MISS I. GRENVILLE. MISS C. JACOBS, R.N. MISS L. DIXON. MISS L. R. AIKMAN, R.N. MISS M. V. ADAMS.
CANADIAN RED CROSS NURSES WHO LEFT LONDON FOR MALTA ON MAY 8th.

Hospital, Toronto; and Miss L. R. Aikman, R.N., from Winnipeg, Manitoba, trained at the General Hospital, Winnipeg; sent by the respective local branches of the Canadian Red Cross Society. We have pleasure in publishing an illustration of the Canadian nurses on page 409.

Before leaving Liverpool Street for Tilbury the nurses were presented with a posy of roses, those for Miss Jacobs being exquisite Karl Druschki and Mme. Abel Chateney, bearing the inscription "From Mrs. Bedford Fenwick, President, and the members of the National Council of Trained Nurses of Great Britain and Ireland to their Canadian colleagues. Bon voyage." The blooms for each nurse were also the fragrant Mme. Chateney. This little attention apparently gave great pleasure.

Two charming registered nurses from New Zealand, Miss M. Collins, and Miss Higginson were also of the party. We do not wonder that Mrs. Moncreiffe, for whom its members were selected at St. John's Gate asked that these capable colonials might be included.

THE ROYAL RED CROSS.

At Buckingham Palace, on Thursday, May 6th, the King decorated Sister Mary B. Bennet of the Royal Naval Nursing Service, with the Royal Red Cross, awarded to her for her services in helping to restore the exhausted and the apparently drowned on the occasion of the wreck of the hospital ship *Rohilla* off Whitby last November.

MISS NIGHTINGALE'S BIRTHDAY.

The late Miss Florence Nightingale was not only a stupendous force for order, but a spiritual militant, and it goes without saying therefore that she was a suffragist when opprobrium was hurled at the movement. All progressive women's societies, therefore, naturally wish to honour her birthday, May 12th, and thanks are due to the Women's Freedom League, which has this year taken the initiative. As we go to press an impressive little ceremony is taking place in Waterloo Place, where the following societies will lay wreaths at the foot of her statue: The International Council of Nurses (of which she was an hon. member), whose wreath is composed of mauve irises and crimson roses, the Actresses' Franchise League, Women's Emergency Corps, Women Teachers' Franchise Union, United Suffragists, Society of Women Journalists, Conservative and Unionist Women's Franchise Association, The Church League for Women's Suffrage, Women Writers' Suffrage League, Liberal Women's Suffrage Union, and, of course, the Women's Freedom League.

At the evening meeting in Essex Hall, E.C., Miss Anna Munro will take the Chair, and many eloquent women are announced to speak. The following resolution will be proposed by Mrs. Marion Holmes and seconded by Surgeon-General Evatt: "That this meeting places on record its deep appreciation of the immense services rendered to the nation by Florence Nightingale, and the tremendous object lesson given by her in the value of women's work in all national affairs."

NURSING AND THE WAR.

Our wounded have been coming all the week from the Dardanelles to Egypt and Malta, and to the latter island large units of nurses have been sent from England, as the resources of the island to meet nursing requirements are very limited.

The island of Malta has many titles to fame, not the least that from 1530 to 1798 it was the headquarters of the Knights Hospitallers of St. John of Jerusalem, and a beautiful church in Valetta still bears their name. Now once again Malta is to be the scene of active work for the sick and wounded for the wounded men from the Dardanelles are being removed there, and hospitals to meet the needs of the situation are being arranged with all speed. His Excellency the Governor, Field Marshal Lord Methuen, speaking recently in public, said that Malta would strain itself to the utmost to afford all possible succour to our suffering and matchless soldiers.

Miss Millicent Acton, Matron of the Lewisham Infirmary, who since August last has acted as Matron of the 1st London General Hospital, Camberwell, on Monday last left for Malta as Matron of a party of nurses from the same hospital, where they will nurse the sick and wounded troops from the Dardanelles.

Miss E. M. Lusted and Miss B. M. Campion, members of the staff of the Registered Nurses' Society, who have been working at the 4th London General Hospital, Denmark Hill, also left for Malta the same day.

Miss Maude A. Buckingham, Matron of the Queen's Hospital, Birmingham, has been released by her committee for the duration of the War to take up the post of Matron at the 2nd Birmingham War Hospital, Northfield (late Hollymoor Asylum), 624 beds. This Hospital is expected to be open early in June. Miss Buckingham would like applications from any Sisters or Nurses who have worked with her. The nursing staff will be members of the Q.A.I.M.N.S.R. for the time being, and receive the pay and allowances of that Service, viz., Sisters £50, Nurses £40 yearly. Applications to be sent in the first place to Miss Buckingham at the Queen's Hospital.

A nurse who has come from New Zealand to offer her services to the sick and wounded is much concerned to find that they are not accepted by the military authorities because she has not the necessary certificates. Nurses in New Zealand are now registered, and, undoubtedly, the accepted standard must be that of a registered nurse, but considering the many women with a few months, and even weeks, training, who are being utilised at the present time, we have some sympathy with this nurse in her disappointment that no corner can be found for her in any capacity.

After a lapse of several weeks, in which the Sidney Hall Military Hospital at Weymouth has been left without a Resident Matron, and in spite of the shameful neglect and death of the poor soldier Gribbin, the War Office has at last sent down a proper staff of trained nurses and orderlies. A correspondent states that "riot" is the only word to describe the complete disorganisation of the place. As hundreds of trained nurses are waiting for Army nursing work, one wonders why this hospital has been neglected so long.

On the occasion of the resignation of Miss Gertrude Fletcher as Matron of the American Women's Hospital, Oldway House, Paignton (a position she has held since August 14th last).

up her duties as Assistant Matron at the Norfolk War Hospital, Thorpe (1,400 beds) on Saturday next, 15th inst.

We are glad to know that there is a deep feeling of sympathy with us in this terrible War in the United States. A leading Nurse Superintendent writes: "I cannot tell you how deeply we sympathise with you in the great anxiety you are feeling. It seems so terrible that young and promising men should have to give their lives—and if not their lives, I presume their health (in thousands of cases their health)—before the settlement can come."

Very little has been heard of the great work of Miss Gladwin and Dr. Ryan, who had charge of the



AN INDUSTRIOUS TRIO—PATIENTS AT OLDWAY HOUSE.

she was presented by the American Sisters with a lovely little silver travelling clock in a leather case. An inscription on the clock stated that it was from the Sisters of the American Red Cross Units D and F, 1914-1915, and on a card accompanying it was written "With the loving good wishes of the American Sisters, May 7th, 1915." The Commandant, the Secretaries and English Sisters presented Miss Fletcher with a case of silver teaspoons and a silver matchbox, while the probationers' gift was a lovely travelling rug and cushion and a gorgeous bunch of pink roses and carnations and lilies of the valley. A great crowd collected at the door of the Hospital and at the station to bid her farewell. Miss Fletcher takes

first American Red Cross Unit in Serbia. A compatriot, who happened to be in England at the outbreak of war, was one of the eight nurses who volunteered for work in Serbia a few days after the Expeditionary Force crossed to France. After experiencing the terrible condition of the wounded, she later found herself at Belgrade, and on visiting the military hospital met Miss Gladwin. She writes in the *American Journal of Nursing*: "Looking round the beautifully built well-appointed hospital, the immaculately kept wards and the real hospital beds and a bath-room at the end of each, it seemed as if we were in America again; and later, when we were allowed to accompany Miss Gladwin on her rounds, it

seemed so wonderful to hear her call a sufferer by name and say a few words of comfort to him. A look of almost adoration spread from face to face as she passed along. They all love the 'Sestras Americana.' I said to Miss Gladwin that we had all read the wonderful experiences of Florence Nightingale in Scutari, not so very far away; but we are privileged, in a small measure, to realise some of them here in Serbia." The writer of the above paragraph has now recently returned to Serbia with large quantities of supplies, the money for which she raised in the United States.

Trained nurses are of all women the most privileged in war, because it is their duty to care for all sick and wounded men irrespective of nationality, or of whether they are friends or enemies.

work. They are equipped for that only, and are staffed by surgeons. We went there for field ambulance duties, but in the end turned our attention to the typhus, a step which was also taken by Lady Paget's unit and the Scottish unit. But all of us have sadly lacked the medical requisites for this work.

"The work of grappling with typhus has been a wonderful experience for me, but it has been very heart-breaking. Conditions were all against us in every way. The authorities, who did their best for us, found the accommodation, but immediately dumped more patients into the buildings than they had any room for, and, of course, the nursing and medical personnel throughout Serbia is entirely inadequate for requirements.

"I do wish the typhus could be treated under



GERMAN NURSES WRITING A LETTER FOR A WOUNDED BRITISH OFFICER.

We know British nurses have nursed German soldiers with scrupulous care, and we feel sure Sister Agnes Karll and her band of German Sisters would do all in their power to relieve the suffering of our brave men if they were placed in their care. Happily, Hymns of Hate are not for us. Let us rejoice that there is no nationality in nursing, although, of course, nursing an enemy is a duty and not a pleasure.

Sister Allender, formerly of the Melbourne Hospital, who has returned to London from Serbia, where she has been nursing typhus-stricken soldiers, told the *British Australasian* that:—

"The trouble is that nearly all the units doing hospital work in Serbia went there for surgical

decent conditions. I am quite certain that something could be done in the direction of discovering a serum with which to treat it. Up to the present, however, they have not even definitely determined the source of infection, though the generally accepted idea is that the inoculation is through vermin.

"On my way back to London the authorities of the Australian Hospital at Boulogne were good enough to let me stay there for a couple of days. I had visited the A.V.H. on two occasions before. Oh, it was a delight to see the conditions there after my experiences in Serbia; the place was a paradise by comparison. It seems to me to be perfectly equipped, splendidly run, and spotlessly clean. If they could only have a dozen hospitals like that in Serbia!"

INTERNATIONAL NEWS.

A NURSING NOTE FROM NORWAY.

Since the National Council of Trained Nurses of Great Britain and Ireland took the initiative last December and forwarded a Memorandum on the Standard of Nursing for Sick and Wounded, to the Secretary of State for War, a Memorandum which was published in *THE BRITISH JOURNAL OF NURSING* on January 30th last, we have received many letters from various parts of the world approving of its suggestions. First from the United States of America came a resolution, supported by the eminent representatives of 25,000 certificated and mostly registered American nurses. Then followed a communication from the President of the Dutch Nurses' Association, informing us that the Memorandum had been translated into Dutch, and brought to the notice of members of Parliament and others responsible for the care of the wounded in Holland.

Miss Grace Wilson, Principal Matron in the Australian Army Nursing Service, 1st Military District, wrote from Brisbane quite recently that "Australian nurses have the deepest sympathy with their British Sisters over the matter," and this week we have received a communication from Christiania from Miss Bergljot Larsson, the President of Norsk Sykepleierskeforbund (the Norwegian Nurses' Association), in which she writes:—

It is with great interest I have read your protest against having unskilled women to take over work and standing in the nursing profession. Some ladies and gentlemen of the Society in Norway planned and started short courses in nursing for women, and all our hospitals, nursing and small sick houses are run over with young girls.

Sykepleien, our nursing paper, has been fighting against these courses in every way since June last, and at last I have translated your resolution. . . . It has been a hot fight, with writings from all parts. The doctor of the Armies (the man who planned the thing), doctors for and against, *nurses all against*, and the ladies, Samaritans themselves, who are very cross that we *dare* to tell them the truth.

Our Association, Norsk Sykepleierskeforbund, gets on very well. We started two and a-half years ago with 44 nurses, now we are 400 active members (trained nurses), and the public see the good of us, and we have 500 members without any vote, only giving us two shillings a year to help us. After some fighting we got the right to have a nursing office of our own (bureau) in Christiania, and now we send nurses all over Norway. We work now to get a nurses' house (home) in contact with our office.

Our paper, *Sykepleien*, started with 120 advertisers, now we have 1,500. I thought it would interest you to hear a little about us. I am still the president, editor and lady superintendent of the bureau. I am glad to tell you we have done what we promised to do at the International Nurses' Congress at Cologne. We work for the good of the profession and get on.

Sister Agnes Karll called for help, and five of our nurses are working at Bielitz and Sternberg in Oesterreich. Now I am going to ask your help and advice about two nurses who are very anxious to offer their help at the West front. They know English, of course. They would love to work with the English nurses, and are very keen on coming out. We should all like to go and help, but we are not allowed to go away, many of us, because we are at the disposal of the Norwegian Army. May we soon get peace, that we may meet again at a happy congress.

We fear it may be difficult to help these Norwegian nurses, as owing to increased and very necessary restrictions in connection with military nursing by the War Office, nurses from neutral countries are not now being encouraged to offer for active service.

British nurses will remember, however, with gratitude that our Queen Maud of Norway sent a most kind telegram of greeting to Sister Haswell and the party of nurses passing through her husband's kingdom, on their return from their somewhat risky experiences at Brussels in the early days of the war, and they will appreciate the kindness of feeling which has prompted their Norwegian sisters to offer help in time of need.

SOUTH AFRICAN TRAINED NURSES' ASSOCIATION.

We are glad to know that Branches of the above Association are springing up all over South Africa, and there are signs that at last professional co-operation for the general good will result. Mrs. H. C. Hesseaur, of East London, has been elected General Secretary and Treasurer of the Association. She was trained at the New Somerset Hospital, Cape Town, so no doubt has the necessary knowledge of what is required throughout the Union, and is in sympathy with its nursing needs.

We hear nurses in South Africa are eagerly offering their skilled help to the troops on active service; thus we are deprived of their help at home.

Well-trained Colonial nurses have valuable qualities to bring to the service of the Empire at the present time, and their work is much appreciated.

FRENCH FLAG NURSING CORPS.

A friend writes :—" You will be pleased to hear that Sister Garner of the Lisieux, as *la petite Soeur*. The Médecin Chef has a very high opinion of her. She is a real soldier's friend, and has impressed everyone with whom she has come in contact with her nursing spirit and good head. These are the sort of nurses who may help to light the torch of modern nursing in France, where, alas! *infirmières* have not yet been encouraged to rise to a professional level. Again, every English Sister who proves her deep sympathy with the brave soldiers of France rivets the *entente cordiale* on a very sure basis. Into hundreds of homes far from the fighting-line praise of the skill, kindness, and devotion of *les Anglaises* to the sick and wounded is being carried. How about it for a bit of diplomacy? Is such work not something that the mother, wife, and sweetheart of Pion-piou can actually realise? Deeds speak deeper than words. Of course, it is not all *couleur de rose*, but the friends of the patients who come from a distance and sit with their dear ones in hospital wards are deeply impressed with the attention bestowed upon them by *les Anglaises*. Example is very far-reaching. As for the men themselves, they are altogether charming and most gracious fellows."

After interminable delays the ten nurses whose names we published last week left London for France on Thursday. What with passports, certificates, permits, and endless signing of

documents it means that all trained nurses who are proceeding abroad for active service in the war zone must spend six days in London to comply with the formalities. No doubt the intention of the War Office is to sift the credentials of nurses for fear that undesirable persons should pass through, and we are glad to note that at last the nationality and parentage of candidates are being enquired into. This precaution should, of course, have been taken from the first, and the Committee of the F.F.N.C. is to be congratulated that it has strictly enforced the rule of British

parentage for membership of the Corps. Such a precaution was only fair to the French Government. Scotland Yard has been very busy following up some of the undesirable women who in our uniform have been posing as nurses far too near the Front. One of these spies, we hear, was recently caught red-handed in Paris.

So greatly have the services of many of the members been appreciated, that the French authorities are very loth to part with them when a six months' term has expired. We have seen several letters couched in the most flattering terms from their superior officers, which the Sisters greatly value.



SISTER MITCHELL, F.F.N.C.
Trained in Canada.



SISTERS AT LISIEUX.

1. Sister Garner, 2. Sister Holgate, 3. Sister Hampson.
4. Sister Pouncey.

JOINT WAR COMMITTEE.

The following nurses have been deputed to duty in home hospitals under the authority of the Joint War Committee:—

Auxiliary Military Hospital, Hardwick Mount, Buxton.—Miss L. R. Whates.

Milton Hill Hospital, Steventon, Berks.—Miss E. C. Skinner, Miss M. L. Cairnes.

Margate Sea Bathing Hospital, Margate.—Miss M. H. Irwin, Miss A. Croft.

Town Hall Hospital, Waltham Abbey, Essex.—Miss H. Fox.

T. A. D. Hospital, Swindon, Wilts.—Miss F. M. Clive.

T. A. D. Hospital, West Hartlepool.—Miss M. Nicol.

St. Augustine's Hall, Rickmansworth.—Mrs. E. A. Hose.

Highlands Hospital, Shorth Heath, Farnham.—Miss M. M. Knox.

T. A. D. Hospital, Newton Abbott.—Miss M. McDowell.

Mary Wardell Hospital, Brockley Hill, Stanmore.—Miss E. Thompson.

Roseneath Hospital, Winchmore Hill, N.—Miss M. F. Cogan.

Glen Red Cross Hospital, Southchurch Road, Southend-on-Sea.—Miss I. B. Welsh, Miss I. M. Hamer.

Officers' Hospital, Stoodley, Knowle, Torquay.—Miss C. Hodskins.

9, Eastern Terrace, Brighton.—Miss H. M. S. Thornton.

Polesdon, Lancey, Dorking.—Miss M. G. Burke Close.

Lythell Manor, Poole, Dorset.—Mrs. Milvern Walton.

Abbotswood T. A. D. Hospital, Stow-on-Wold.—Miss D. Scannell.

T. A. D. Hospital, Bourton-on-Water, Gloucester.—Miss R. M. J. D'Arcy.

Clifton House, Regent's Park, Southampton.—Miss F. Wells, Miss A. Langmaid.

West Dene Hospital, St. Leonard's-on-Sea.—Miss M. F. M. Waugh.

T. A. D. Hospital, Kingswood, Bath.—Miss L. A. Hyatt.

Wilderness Hospital, Seal, Sevenoaks.—Miss D. M. Ivers.

T. A. D. Hospital, Totnes, S. Devon.—Miss R. Tregaskis.

Clifton House, Regent's Park, Southampton.—Miss B. E. M. Stokes.

Bere Hill, Whitechurch, Hampshire.—Miss R. Leith.

St. Matthew's Hall, St. Mary's Road, Willesden.—Miss A. Kynaston.

Durham T. A. D. Hospital, Brancepeth Castle, Brancepeth.—Miss E. Hanby.

St. John's Hospital, Abbeydale, Dore nr. Sheffield.—Miss A. Grimes.

The Court House, Canford, Wimborne, Dorset.—Miss Hunter.

NURSING SISTERS' CONVALESCENT HOME AT CORNERLOT, NEUFCHATEL (NEAR BOULOGNE).

FIRST QUARTERLY REPORT, TO APRIL 26TH.

This house, which was lent by Her Royal Highness Princess Louise, Duchess of Argyll, for convalescent and overworked nursing sisters, was opened for the reception of patients on Tuesday, January 26th, 1915, and has proved an immense boon to the nurses in France. Lady Gifford is Superintendent; Miss Inglis, Assistant Superintendent, secretary and accountant; and one chauffeur and one Boy Scout form the staff.

During the first thirteen weeks (up to April 26th), it has accommodated 169 patients, whose length of stay has varied from 24 hours to three weeks. The former seems a very short visit, but matrons of the different hospitals think it worth while, if they cannot be spared for longer, to give them a day's rest in the country.

The number of patients is made up as follows: Army Matrons, 4; Q.A.I.M.N.S., 14; Reserve, 67; Territorial, 26; total, 111. British Red Cross, 27; St. John Ambulance, 13; Australian (R.A.M.C.), 12; Duchess of Westminster's, 2; V.A.D. Members, 4; total, 58. Combined total, 169.

These patients have come from 24 different hospitals, 2 hospital trains and one rest station.

They were recovering from the following: Debility, 67; bronchitis, 7; gastritis, 4; tonsillitis, 6; corneal ulcer, 1; abscess in ear, 1; conjunctivitis, 1; synovitis knee, 1; influenza, 38; laryngitis, 12; enteritis, 2; anæmia, 1; septic eye, 1; pleurisy, 3; indigestion, 1; embolism of leg, 1; septic throat, 8; colds, 4; neuralgia, 3; quinsy, 1; septic finger, 4; burnt foot, 1; and rheumatism, 1.

The number of beds available has been increased to 16, although 17 nursing sisters have at times been accommodated; and this, it is hoped, may be further extended in the summer.

The Home has been very greatly appreciated, and the feeling is unanimous that by its means nursing sisters whose services might otherwise be lost for a long time are kept in the country and are given relief and rest when they require it, without removing them from the scene of their work. This adds materially to their efficiency, and through them assists our fighting forces.

A pleasing feature is that the nursing sisters now regard Cornerlot as a home in every sense of the word, and come out to spend their days and half-days there. There have been about 400 of these, and other visitors to inspect the Home include Sir Arthur Slaggett, Miss McCarthy, Q.A.I.M.N.S. (Matron-in-Chief, Expeditionary Force), Hon. Arthur Stanley (Chairman Executive Committee British Red Cross Society), and several medical officers and matrons from the different hospitals.

The Home is now availing itself of the offer of Army rations, which have, of course, to be supplemented, though they considerably reduce the cost,

so that the expenses now amount only to about £10 weekly for coal, coke, lighting, wages, laundry, and housekeeping. This cost will be further reduced in the summer months.

The visiting Medical Officer of the Home is Lieutenant W. Ross-Stewart, I.M.S., from the Indian Hospital, at Hardelot.

THE CARE OF THE WOUNDED.

A HOME FOR DISABLED BELGIANS.

The opening of the Home for Disabled Belgian Soldiers at 45, Courtfield Gardens, Kensington, on May 10th, under the auspices of the Wounded Allies Relief Committee, was the occasion of a very interesting ceremony.

The house, which has been given for its present purpose, is fitted up for the reception of forty patients. On the ground floor the fine rooms are used as recreation, dining, and reception rooms. The upper floors are used as bedrooms, each bed being covered with a quilt of the Belgian national colours. The announcement that the Home would be opened by Her Imperial and Royal Highness the Princess Napoleon attracted a large and distinguished company. The forty inmates of the house, almost all of whom are short of at least one limb, acted as a guard of honour, and on the arrival of the Princess, who was accompanied by Prince Napoleon, sang the Belgian National Anthem. Her Royal Highness was received by Lord Swaythling, Chairman, and was presented by his little daughter with a beautifully bound book, containing a poem, "Les Blessés," by M. Emile Cammaerts. Commandant Maton read the address of welcome to the Princess, and also addressed words of encouragement and sympathy to the wounded.

The Princess, who before she began to speak had requested that the wounded might be seated, acknowledged the gift in a short address in French. She then shook hands with the men, and addressed a few words to each. She won all hearts by the gracious simplicity of her manner, and her dignified and impressive appearance was accentuated by the unobtrusiveness of her dress. Tea was distributed to the guests, and at five o'clock Her Royal Highness left, to the strains of "God save the King," sung lustily in broken English by the patients.

Commandant Maton is in charge of the Home, and the visiting surgeon is Mr. D'Esterre. The Matron, Miss Humby, is the only nursing representative. The object of the Home is to afford a temporary shelter "for those men who ordinarily settled in the country have occasion to come to London to be fitted at the Committee's expense with artificial limbs, and also for men discharged from convalescent homes at short notice without allocation to other quarters."

It was a very sad spectacle to see so many fine young men, maimed for life, and we hope that the Home will receive the support it deserves.

It was hard to realise that those bright smiling faces could belong to the victims of this hideous War.

Among the company present were Baron Goffinet, Mrs. Samuel, and Mrs. Haicourt.

A WAR SUPPLY DEPOT.

A War Hospital Supply Dépôt has been opened at 32, Queen Anne Street, Cavendish Square, W., on the lines of that which has been so successfully established in Kensington. The President is the Mayor of Marylebone, the Chairman and Hon. Treasurer Dr. W. S. A. Griffith, the Hon. Organiser Miss Ethel McCaul, R.R.C., and the Hon. Secretary Mr. Frank Jules, F.R.C.S. The house has been generously lent to the Committee by Mr. James Boyton, M.P. The rooms of the Dépôt have been fitted up for the following purposes:—A bandage room, for the preparation of all forms of surgical bandages, a surgical dressings room, a splint room, a pine-dressing room, a needlework room for the making of dressing-gowns, bed jackets, flannel shirts, pyjamas, and nightshirts, a slipper room for the making of all kinds of slippers for invalids, a linen room, where old linen is sorted, cut out and re-made to the best advantage, a stock room, where all goods are sorted and arranged ready for despatch, and a carpenter's room. The workers are voluntary, and, by a weekly subscription of a shilling from each, the running expenses of the Dépôt are covered, therefore the whole of the donations received are used for the purchase of materials required for making the supplies.

HELP FROM AMERICA.

Mr. William Potter, President of the Jefferson Medical College, Philadelphia, has left this country for France in order to confer with military authorities and with Sir William Osler (acting on behalf of the British Red Cross Society) as to the most convenient place for the establishment of a hospital of 1,000 beds, with a complete medical and nursing unit placed by the College at the disposal of the Allies. The Jefferson College has offered the services of 30 physicians, including bacteriologists and other specialists, to serve with the hospital.

THE URGENCY CASES HOSPITAL.

A member of the nursing staff writes as follows to Miss Eden, from the Urgency Cases Hospital at Bar-le-Duc:—

"Dear Miss Eden,—The weather here is now lovely and we are enjoying the change from the cold. We are now well used to the work and as far as I know we are all very happy; speaking for myself I am far happier than ever I expected to be. The work is just what I expected, and I do like nursing the French soldiers and making them comfortable and happy, though they do laugh sometimes at my French, but I understand pretty well what they say. I am glad the French soldiers like the hospital. One of my patients when he knew he had to go, asked if I would put

his temperature up to 105 degrees, he was sure the doctor would not send him away after that, but, poor boy, he had to go as his bed was needed for others. The wounded when they come in say it is strange to be put into a bed, most of them have been in the trenches for eight months or more and they look so tired, and when we sponge them after they are admitted and give them hot soup, they sleep for about two days and we don't get any news from them, they only waken up to be fed and dressed, then they go to sleep again, but after two or three days they get over this feeling and enjoy the fun with the others.

"When the day is fine, we get most of our patients outside. Some sit on chairs, others who cannot walk are carried out on stretchers. We make big shady paper hats for them and they

CONDITIONS IN MONTENEGRO.

Dr. Isabel Ormiston, Chief Medical Inspector of Schools to the Government of Tasmania, and Mrs. Patton Bethune, who were sent by the Wounded Allies Relief Committee as a Sanitary Commission to Montenegro, have arrived at Cettigne safely, after an adventurous journey. They report that the Montenegrin Government sends an urgent request for a self-supporting hospital unit, accompanied by vaccine, disinfectants and destructors, to combat the typhus epidemic in Ipek and the surrounding country. The Wounded Allies Relief Committee is proceeding to equip and despatch a suitable unit.

It is proposed by Mrs. Portman Dalton, Fillingham Castle, Lincoln, to provide a recreation or



URGENCY CASES HOSPITAL. BAR-LE-DUC.

get their meals outside, so that I can't think of a happier sight than the brave French soldiers all chatting one to another in the lovely sunshine.

"To-night we had a concert (May 1st), and the band played the 'Marseillaise' and 'God save the King,' and I was sorry when they finished. It was a lovely night and all the patients who could be out of bed were there. The concert was held just a little way from the hospital, or I should say in the hospital grounds, and we all helped to get our patients comfortably seated; both patients and nurses enjoyed the music and they are altogether a happy lot."

The picture shows the staff and patients listening to a choir of French soldiers in the yard of the typhoid hospital, Bar-le-Duc.

rest hut for the convalescent soldiers of the 4th Northern General Hospital, Wragby Road, Lincoln. The scheme has the warm support of the Duke and Duchess of Portland, and only about £200 remains to be contributed, which no doubt we shall soon hear has been received.

It will be a comfort to many bereaved relatives of soldiers who have fallen in the war that a Graves Registration Commission, of which Major Fabian Ware is Commanding Officer, has been appointed under the direction of the Adjutant-General of the British Army in the Field. Already 3,400 graves have been registered, and crosses, or more permanent inscriptions, been provided in 1,600 cases.

FRAULEIN BULAU.

We beg to inform British Nurses at home and abroad that in spite of the determined silence of Macmillan & Co., we have now in our possession documentary evidence that their publication, *The Nursing Times*, is edited by Fraulein Bulau, the untrained lady of German parentage, who under an assumed name has been resident in England for some years, who was hurriedly naturalised as a British subject three months after the declaration of war, and who has done us the honour of attempting to control our professional affairs in England—of course, for an adequate financial consideration. This significant fact having been established, we may now proceed to invite replies to the following questions from all and sundry whom they may concern:—

TO THE SECRETARY OF STATE FOR WAR.

Is the Matron-in-Chief of the Territorial Force Nursing Service still collaborating with Fraulein Bulau in the production of *The Nursing Times*, and as heretofore is she attending at its office, in a subordinate position, and therefore under the control of its German editor?

TO SUNDRY MATRONS PUSHING THE PUBLICATION.

How about the purity of your professional ethics and patriotism, when you secretly associated yourselves with Fraulein Bulau? Why did you cover an unprofessional alien, who for some reason was in England under an assumed name?

TO QUEEN'S NURSES.

When your Penny Pension Scheme was started for advertising purposes from the office of *The Nursing Times*, did you know the Hon. Secretary of the Fund was Fraulein Bulau, and not "Miss Bulan"? Now that you do know, are you content to be patronised by her?

TO THE DIRECTORS OF MACMILLAN & CO.

As your publication *The Nursing Times* has no ethical significance, as it has always been edited by an untrained alien, and is therefore merely a commercial speculation, for how long do you intend to outrage the patriotic feelings of British Nurses by employing German control?

TO BRITISH NURSES ALL THE WORLD OVER.

It is to be presumed that your very nearest and dearest are fighting for King, Country, Liberty, and Honour, a most desperately cruel, callous, and cunning foe. We need ask you no questions; your duty is plain. Not one penny of clean British money should subsidise the publication in question; nor can patriotic nurses accept one penny from its proprietors, until they have eliminated from its management German exploitation at your expense.

BRITISH RED CRESCENT SOCIETY.

The four members of the Registered Nurses' Society who nursed in Turkey and Bulgaria during the Balkan Wars in 1913 have been presented with charming little badges in silver and enamel, in recognition of their service to the sick and wounded.

Sisters Warrenner and Obee, Q.A.I.M.N.R., have been working in France with the Expeditionary Force since the beginning of the War.

Sister Haswell has been on active service in Belgium; and is now Directrice of No. 25 Temporary Hospital, Talence, Bordeaux, French Flag Nursing Corps.



THE LITTLE MEMENTO.

Sister L. M. Park is the only one at present who has possession of her Badge. These Badges were designed by Lady Lowther and Mrs. Ameer Ali, and are presented by Judge Ameer Ali, the President of the British Red Crescent Society, "as a little memento and token from the Society of the work and devotion of the Sisters during the Balkan War, wishing them all good luck in the future."

PRESENTATION.

On Monday, May 3rd, the Committee, Medical Staff, Sisters, Nurses, friends and subscribers assembled to witness the presentation to Mrs. Cleaver, Matron of the Princess Christian Hospital, Weymouth, after twenty years' service. She was presented by Dr. James Macpherson Lawrie, on behalf of the Committee, friends and subscribers, with a white satin bag containing £120 in gold. Many touching references were made to the great work of Mrs. Cleaver and her untiring energy for the good of the Hospital, and her name is greatly revered by many a family throughout Dorset. As a seed is sown in the ground and flourishes, so has this Matron watched with the greatest zeal all the workings and progress of this

institution, and "all her friends and well-wishers unite in wishing her in retirement a gain to strength and happiness in the future.

She was the recipient of further handsome gifts. From Dr. and Mrs. James Macpherson Lawrie, a solid silver tea service; a gold expanding wristlet watch from her past and present Nurses; a silver cake stand from the Domestic Staff; a silver bowl from a friend.

APPOINTMENTS.

MATRON.

Royal Bath Hospital and Rawson Convalescent Home, Harrogate.—Miss F. M. Cort has been appointed Matron. She was trained at the Leeds Infirmary, and has held various appointments at the Cancer Hospital, Fulham Road, S.W., and has been Assistant Matron at the General Hospital, Nottingham.

Cottage Hospital, Potter's Bar.—Miss Florence Pitt has been appointed Matron. She was trained at the Royal County Hospital, Ryde, Isle of Wight, and has held the positions of Sister at the Royal Hospital, Richmond; Assistant Matron and Theatre Sister at Warrington Infirmary; Matron of Mold Cottage Hospital, and Matron of East Molesey Cottage Hospital, Surrey.

Convalescent Home, Stillorgan, Co. Dublin.—Miss G. D. Harley has been appointed Matron. She was trained at the London Hospital, London, and has been Night Sister and Assistant Lady Superintendent at the Royal National Hospital for Consumption, Newcastle, Co. Wicklow; also Home Sister at Sir Patrick Dun's Hospital, Dublin.

MATRON NURSE.

The Hospital, Crewkerne.—Miss Mary Dight has been appointed Matron-Nurse. She was trained at the Royal Hospital, Sheffield, and has been Sister at the Stanley Hospital, Liverpool; Matron at the Aitken Cottage Hospital, Ramsbottom, and Sister-in-Charge of the Red Cross Hospital, Ramsbottom.

SUPERINTENDENT NURSE.

Bridgwater Union.—Miss L. E. Baylis has been appointed Superintendent Nurse. She was trained at Croydon Infirmary, and has been head nurse at Sherborne Infirmary; Superintendent Nurse at Bromsgrove Infirmary, and Sister at Portsmouth Infirmary.

NIGHT SISTER.

District Hospital, West Bromwich.—Miss Ethel Eva Arnold has been appointed Night Sister. She was trained at the Princess Christian Hospital, Weymouth, where she has held the position of Sister. She has also had experience in private nursing.

SISTER.

General City Hospital, Panama (Hospital San Tomas).—Miss J. Davie has been appointed Sister. She was trained at the Seaman's Hospital,

Greenwich and the Hospital for Women, Soho Square, W.C., and has been Night Supervisor of the Children's Hospital, Nova Scotia.

CHARGE NURSE.

The Workhouse Infirmary, Sculcoates Union, Beverley Road, Hull.—Miss Annie Payne has been appointed Charge Nurse. She was trained at the North Bierley Union, Clayton, near Bradford, and is a certified midwife.

TERRITORIAL FORCE NURSING SERVICE.

Miss E. Hill, Matron, vacates her appointment (February 5th); Miss A. L. Charteris, Matron, vacates her appointment (April 1st.).

LONDON COUNTY COUNCIL.

The Public Health Department of the London County Council recommended to the L.C.C. at its meeting on May 11th, subject to her fulfilling the usual requirements, that Miss Agnes Elizabeth Maud Aston be appointed a school nurse in the Public Health Department. The vacancy is caused by the resignation of Miss A. C. Proctor.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss G. Witter, to be Staff Nurse (March 30th, 1914).

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Elsie K. Hollway is appointed to Watford as Superintendent.

Miss Hollway received General Training at St. Thomas's Hospital, and District Training at Paddington.

Miss Mary J. Crowe is appointed to Southall-Norwood, Miss Margaret Dancy to Sevenoaks, Miss Helen E. Davies to Manchester (Ardwick), Miss Dorothy G. Jackson to Beaconsfield, Miss Victoria E. Patterson to Wolverhampton, Miss Christina B. J. Pottinger to Hleanor, Miss Agnes M. Woodger to Hugglescote.

THE QUEEN ALEXANDRA RELIEF FUND FOR WAR NURSES.

The total amount received to date exceeds £10,500. Amongst the amounts are £50 from W. H. Foster, Esq.; £50 from Messrs. Smith, St. Aubyn & Company; £25 from "Anon"; and a further £36 rs., collected by Arthur Bradford, Esq.—bringing the total received through him to £1,114 7s.

The Sub-Committee are dealing with claims as they come in.

THE PASSING BELL.

PEARSE.—On April 29th, at Havre, on her way home from Rouen, Acting Sister Phyllis Pearse, Q.A.I.M.N.S., the dearly-loved younger daughter of L. F. Pearse, of 8, Eldon Park, South Norwood, aged 28 years. Buried at Havre, May 3rd, 1915.

NURSING ECHOES.

The charming little Princess Marie Jose of Belgium has been much in England since the treatment of the country of her birth by an implacable foe aroused the indignation of the world. She is said to be a most spirited and dear child, and many a brave man has died gladly for his country and the King her father. May we all rejoice to see them safe once more in the land to which their hearts are so deeply attached.

Miss Annie Goodrich, President of the International Council of Nurses, writes from New York: "We are delighted to hear we are to have two delegates from England with us at the meeting at San Francisco. The reports of the Panama Exposition are very glowing; everyone says it is quite wonderful. . . .

"Even at this distance, the war casts such a shadow over everything (and the loss of the 'Lusitania' and wholesale murder of innocent human creatures has brought it home to the United States) that many of us find it difficult to take an interest in the Conference this year. The needless destruction of so many thousands of lives seems to make our efforts to save life very puny and insignificant, and not worth considering, but I suppose we will have to peg away at it just the same. . . .

Miss Dock is throwing all her strength and energy and every moment of her time into the suffrage movement, so we shall not have her

with us in San Francisco, which is a great disappointment."

Miss Dock has long been absolutely convinced that without the power of the vote, the inspiration of women's conscience for the good of the world is wasted, and she points to our registration movement in England as a terrible object lesson of the waste of human endeavour when powerless to bring direct influence on Parliament. She would have us all down

registration tools, and up with Votes for Women.

The Council of the Queen Victoria Jubilee Institute for Nurses met at their offices, 58, Victoria Street, S.W., Mr. G. Franklin in the chair.

The appointment by Queen Alexandra of Lady Wimborne as a member of the Council of the Institute was reported. A vote of condolence was passed on the death of Lord Rothschild, who was one of the Trustees of the Institute. It was reported that a large number of the Queen's Nurses were undertaking nursing duty in connection with the war, and that Miss F. E. Filkin, Superintendent of the Cheshire



HER ROYAL HIGHNESS PRINCESS MARIE JOSE OF BELGIUM.

County Nursing Association, had been mentioned in despatches for distinguished conduct.

Two Associations have been affiliated to the Institute since the last meeting of the Council, and the names of 69 nurses have been placed on the Roll of Queen's Nurses. Long-service badges were awarded to six Queen's Nurses for 21 years' service under the Institute.

The Annual General Meeting of the Asylum Workers' Association will be held at 11, Chandos Street, Cavendish Square, W., on Wednesday, May 19th, at 3 p.m. The chair will be taken by Sir John Jardine, K.C.I.E., M.P., I.L.D., President of the Association. As usual, a feature of the proceedings will be the presentation of medals for long and meritorious nursing service. Matters of much importance to Asylum Workers will be discussed, and the officers hope that there will be a large and representative attendance. Tea and coffee will be served after the meeting.

Near and Far, the organ of the Missionary Nurses' League, reports that some 140 members are now away from their usual posts nursing the wounded, either on the Continent or in the base hospitals at home. The Editor writes:—"We are seeking to keep up, as far as we possibly can, with all members who have gone to the front, to remember them in the daily prayer meeting, and to send them the monthly Bible Study Notes. We are very glad to hear from some of them that, amid all the strain and rush of their work, they still make time to use the Notes, and find them of value. If any have not had the Notes, it may be because they have not sent their address."

Miss R. Williams writes from Bangalore:—

"I am feeling very thankful just now because our five senior nurses have passed their final examination in general nursing and midwifery. They will get the new uniform certificate for nurses in South India trained in Mission Hospitals. This is the first time the final examination has been held by this board of examiners, and all candidates passed. We are fortunate in being able to keep on these nurses for the present. It makes a huge difference to the efficiency of the work, for I have known the time when there was not a single nurse doing even her third year, but all in their first or second."

The question of organizing a Trained Nurses' Economic League was discussed at a meeting of the Irish Nurses' Association in Dublin recently, and as some of the members desired to join, forms have been sent to the Secretary of the I.N.A.

At a recent meeting of the Committee of Management of the Society for Providing Nurses for the Sick Poor, held at 74, Botanic Avenue, Belfast, the report of the Nursing Council showed that since January 1st, 596 patients have been attended in the nine city districts. Many distressing cases of illness have been relieved and benefited. Grate-

ful acknowledgment was made of about 100 stone of the Canadian gift of flour, and four Canadian cheeses, which were distributed and much appreciated.

Lady Stanley presided recently at the fourth annual meeting of the Bush Nursing Association in the Town Hall, Melbourne, Australia. In addressing the large company, Lady Stanley spoke in eulogistic terms of the splendid life-saving work carried on by the association, and said that she felt greatly interested in its developments, and desired to give her support in every way possible. Her Excellency Lady Helen Munro Ferguson emphasised the importance of extending work with such a far-reaching effect on the lives of those who are carving out their homes in remote bush districts. Applause greeted the report read by Sister Greer, dealing with the progressive work carried on by the bush nurses, who, she said, are well worthy of their salaries in their capacity of missionaries of hygiene alone.

We are indebted to Miss Beatrice Cutler for the loan of the Marie Jose Medal, illustrated on this page, which was given by the Belgian Red Cross Society to nurses working in Belgium in the sad days following the German occupation, and is much appreciated by them.



THE MARIE JOSE MEDAL.

THE NURSING AND MIDWIFERY EXHIBITION.

The Nursing and Midwifery Exhibition will open at the Royal Horticultural Hall, Westminster, S.W., on Tuesday, May 18th, and continue throughout the week.

THE BRITISH JOURNAL OF NURSING, 431, Oxford Street, London, W.—Every nurse who visits the Exhibition will, of course, make a point of securing a copy of THE BRITISH JOURNAL OF NURSING, the weekly professional journal which is edited, owned and controlled by trained nurses. The whole staff are British-born subjects. Other publications of professional interest, supplied through the NURSING PRESS, LTD., will also be on sale at Stand 10B, where "The History of Nursing," by Miss M. A. Nutting and Miss L. L. Dock, published by Messrs. G. P. Putnam's Sons, will also be on view.

Mrs. Bedford Fenwick, Miss B. Kent, Miss A. Hulme, Miss H. Hawkins, and other friends, will attend and give information as to the State Registration of Trained Nurses, including the Nurses' Registration Bill, and other educational questions, from the trained nurses' point of view.

FIRST-CLASS FIRMS IN THE EXHIBITION.

THE HOSPITALS AND GENERAL CONTRACTS CO., LTD., 25-35, Mortimer Street, W., will present quite a new appearance from its accustomed display of instruments, and will have on show nurses' cloaks, dresses, caps, aprons, collars, cuffs and belts, which are stocked in various shapes. All the necessities of a nurse's outfit can be supplied by this firm on the shortest notice and at the lowest possible cost consistent with durability and good workmanship. Uniform washing materials, as worn in the principal hospitals, in great variety.

BROOKS & CO., Borough High Street, S.E.—This firm have an excellent nurses' outfitting department, and will show their many specialities. A copy of the illustrated crown catalogue, which will be sent post free on request, should be in every nurse's possession.

THE MEDICAL SUPPLY ASSOCIATION, 167-173, Gray's Inn Road, W.C.—Always one of the most attractive exhibits, nurses are sure to closely inspect all that is shown by the Medical Supply Association. It is almost invidious to single out any items from such a splendid collection, but exceptions may be made in the case of a fine line of india-rubber hot-water bottles, and the Macdonald "Gold Medal" steam sterilizer.

"EUCRYL" & "LYCRYL," 61, Lant Street, Southwark.—At this stall will be shown "Eucryl" Tooth Powder and "Eucryl" Tooth Paste. These two specialities are well known to nurses, and enjoy a great popularity. Messrs. Eucryl have in the past year added another important article to their list of preparations—"LyCRYL," the all-British Lysol. It is an ideal antiseptic fluid for the sick room or hospital. It possesses the advantage

of being harmless to the hands, which it cannot numb in any way, and is freely soluble in water.

J. G. INGRAM & SONS, Hackney Wick, N.E.—Always an attractive stall, Messrs. Ingrams will exhibit the "Agrippa" Patent Band Teat and Valve (Pat. No. 17,617), British made by British labour, the most up-to-date teat and valve for all boat-shape feeding bottles. They grip the bottle tightly, and will not slip off and spill the contents of the bottle. The Sterilendum Enema Syringe.—This syringe contains no metal parts, is absolutely seamless, and guaranteed not to split. The Utilema Enema Syringe is easily handled in any position with one hand. Satinette Bed Sheetings.—These acid-proof bed sheetings are guaranteed for quality and durability. The various rubber productions of this firm are sterilizable by boiling.

NEWTON, CHAMBERS & CO., Sheffield.—"Izal" has a wide reputation for its antiseptic properties, and many preparations of an allied nature are bound to be the centre of attraction.

LEWIS & BURROWS, 146, Holborn Bars, E.C., and branches.—Included in a variety of excellent preparations which this well-known firm will exhibit are the "Ellanbee" brand Laxative Jelly, containing 50 per cent. of liquid paraffin; British Eau de Cologne, prepared in their own laboratories; "Ellanbee" brand Aspirin Tablets, British manufacture; Clarke's Carlsbad Effervescent Powder and a quite new Oatmeal Vanishing Cream.

MESSRS. W. H. BAILEY & SONS' stall, of Oxford Street, W., is always well patronised by Nurses and Midwives, and their reputation is an enviable one. Special attention is drawn to their bags, douches, enema syringes, air pillows and antiseptic dressings, but really all their productions are excellent.

CHAS. ZIMMERMANN & CO., St. Mary-at-Hill, E.C.—This firm are showing many well-known lines. Amongst these will be found the well-known "Lysol," a cleansing antiseptic, deodorant and disinfectant. The proprietors claim "Lysol" to be the world's antiseptic and state it is manufactured in Great Britain. "Lysol" Toilet Soap is delicately perfumed, does not injure the skin and is said to effectually protect against infection.

MESSRS. COLEMAN & CO., Norwich, will show their well-known tonic wine "Wincarnis." This is a valuable restorative and good results are directly traceable to its use, particularly in convalescence, under medical direction.

HORLICK'S MALTED MILK, Slough.—An admirable food in a most agreeable form, palatable and easily digested. In a tiring tour of an exhibition, nurses will find a glass of Horlick's Malted Milk refreshing and sustaining. The food is also prepared in tablets and is invaluable to those undertaking a journey.

KEEN, ROBINSON & SONS, Denmark Street, St. George's-in-the-East, E.—Two well-known specialities—Robinson's patent "Barley" and "Groats" will be exhibited. "Barley" water is at the present time a favourite drink and it is not only necessary, but a proved fact that Robinson's Patent Barley enhances its value, and is much to be preferred to Pearl Barley in its preparation.

LEMCO AND OXO (Liebig's Extract of Meat Co., Ltd.), Thames House, Queen Street Place, E.C., will have an excellent exhibit of these concentrated foods. The stand is sure to be a favourite one, as nurses and midwives are well acquainted with the value of these preparations.

THE GAS LIGHT & COKE COMPANY, Horseferry Road, Westminster, S.W.—One of the most interesting stands at this exhibition is always that of the Gas Light & Coke Company, where we can see demonstrated the most up-to-date and attractive methods of lighting and heating by gas. The stand will be furnished by Messrs. Oetzmann & Co., of Hampstead Road.

"GOSPO," LTD., 33, Waterloo Road, S.E.—"Gospo" is an ideal antiseptic cleanser, which has won popularity wherever it has been tried. All hospitals and institutions should make a point of testing an article which is more economical and convenient than ordinary soaps, and when once used is always used.

SOUTHALL BROS. & BARCLAY, Birmingham.—This firm have an established reputation, which is the best guarantee of the excellence of their products. A most valuable one is "Vitafer," the "All British" Tonic Food, which was awarded a gold medal at the International Congress of Medicine, in London. All hospital authorities should be acquainted with this valuable preparation. Southall's dressings and other specialities have a world-wide reputation.

CADBURY'S, Bourneville.—Cadbury's Cocoa is world-known and provides a most refreshing and sustaining beverage. This and other products will adorn a stall, a ways well patronized and daintily arranged.

VIROL, LTD., Old Street, E.C.—Wonderful results have followed the use of "Virol" with children, who derive strength, and make bone and muscle. "Virol" also strengthens mother, and is invaluable in the months preceding birth. The fact that it is used in more than 1,000 hospitals, speaks for itself.

REQUISITES ALL NURSES SHOULD NOTE.

HARVEY NICHOLS & Co., LTD.

Many nurses will be glad to learn that the well-known firm of Messrs. Harvey Nichols & Co., Ltd., Knightsbridge, S.W., supply nursing requisites at moderate prices, and their reputation is such as to inspire nurses with every confidence. In addition hospital supplies, including bed jackets, dressing gowns, pyjamas, day shirts, pants and vests, blankets, feather pillows, pillow cases, sheets and towels, draw sheets, &c., are specialities to which attention is cordially invited, and which, we are confident, will repay inspection. Nurses should write for Messrs. Harvey Nichols' catalogue.

MESSRS. E. & R. GARROULD.

Messrs. E. & R. Garrould, the well-known firm in Edgware Road, W., whose nurses' uniforms are worn all over the world, are making a speciality of supplying the official cloak of the British Red Cross Society, as well as the uniform of the various

grades of the St. John Ambulance Brigade. A visit to their Nurses' Saloon will ensure prompt attention, or an illustrated catalogue of the various articles required by Brigade members will be sent on application.

T. E. MORTON, 215, HIGH HOLBORN, W.C.

With a staff of trained lady assistants, Mr. T. E. Morton (underwear specialist), who since February 1st, 1914, has had the sole right of importing Dr. Lahmann's cotton-wool underwear, will always be pleased to explain the advantage of many lines to nurses. With 25 years' reputation and the support of doctors and nurses, the point which has been raised is: "Why change the name?" We learn Mr. Morton decided upon this, because an erroneous impression arose that his was a German business. He assures us that no enemy country has anything to do with the manufacture, control or sale of his goods. The advantages over ordinary cotton, silk or woollen underwear are that the special texture used is as warm as wool in winter and cooler in summer, can be strongly cleansed without shrinkage, and is non-irritant even to the most delicate skin.

BOOTS, M.O. NOTTINGHAM.

An All-British Antiseptic which has won for itself a high reputation is Toxol, manufactured by Boot's Pure Drug Co., Ltd. Midwives and nurses should note that it is sold by all branches of this well-known firm.

OUTSIDE THE GATES.

WOMEN.

Neither horror nor indignation describes the feeling of civilised human beings at Germany's method of warfare. The poisoning by gas of brave men ready for a fair fight, the shooting of prisoners, the poisoning of wells, the murder of women and children on the high seas, and the gloating of armed men over the deaths of the defenceless has made so deep an impression on brain and heart that we are now quite certain of victory. The right to live is at stake, and we mean to secure that God-given right at all costs.

A letter has been addressed to the Prime Minister by many influential women expressing the feeling of the signatories that there is great inconsistency between the appeals that the Government is constantly making for recruits, and its action in employing trained soldiers in work which is totally unmilitary in character. An immense number of military clerks are employed not only in Flanders but in England doing work which women could do equally well. And in military hospitals at home and abroad a large number of active youths may be seen occupying themselves in work which women can do much better.

BOOK OF THE WEEK.

"LADY BRIDGET IN THE NEVER-NEVER LAND."*

This story of colonial life is bright and amusing. The scene is laid for the most part in the Australian bush. Lady Biddy is the daughter of an Irish peer, an O'Hara, "and the O'Haras had been recklessly extravagant, squandering alike their feelings and their money." Biddy after squandering her affection on a certain Wiloughby Maule, and finding that her outlay was a mistake, he having preferred the solid advantages in a bride of golden guineas to the copper tints of pretty Lady Bridget's hair, hides her disappointment—it does not amount to anything more serious—with her friend Joan Gildea, whose married life is spent in the Bush.

Biddy, with the buoyancy natural to her nationality, finds her way shortly after to accept another lover, Colin McKeith, also a ranch owner, some miles distant from her friend. Biddy is not in the least suited for such a life, but she tells Joan she cannot return to London to the old life, "that sort of life one has to lead with Aunt Eliza, the Gavericks and their set. I can't go on pushing and striving and rushing here and there in order to be seen at the right houses and join the hunt after fleeing eligibles." She gave a bitter little laugh, and then her tone changed to that ripple of frivolity in which, nevertheless, Mrs. Gildea discerned the under-beat of tragedy. "I've come," said Biddy, "to the conclusion that the only things which make London endurable as I know it are unlimited credit at a good dress-maker—oh, and one of the beautiful new motor cars. You don't mind travelling from Dan to Beersheba if you can do it in five minutes. But when you've got to catch the omnibus or take the Tube dressed in garden party finery, then it's all too disproportionate and tiresome."

In contrast to the artificial life she has escaped from is the rough true wooing of Colin, which nevertheless had so much tenderness and imagination. "I'm damned if I would give up my free will to any one, and I wouldn't like the woman who was my mate to do it either."

"Your mate!" she repeated.

"You don't know the Bush idea of a real mate. Shoulder to shoulder, back to back, no getting behind one or the other, giving up your life for your mate, if it came to a pinch."

"And that's your idea of love?"

"Something like it, only closer, dearer. A thing you couldn't talk about even to your mate, unless your mate was your wife. A flower that blooms once in your life, and would never, if it were cut off, bloom again. . . . Bridget, you said you had never found a real man to love you. Here's one." He patted his broad chest with his open palm. "I'm a rough Bushy, and there's not a-frill about me, but I'm bed-rock if you come

to the Reality. I'm a lode you never struck in your life before. There's payable gold here, if you choose to work me. You might as well try to dam the river Leichardt with this little hand I am holding as try to stop me loving you."

Their married life was just what might have been expected. The town-bred woman wearied of the rough life and the loneliness, and the constant absence of Colin. The appearance of Wiloughby Maule on the scene nearly caused an irreparable breach between husband and wife, and indeed separated them for a season. But wedded love and faith triumphed, and we take leave of them, re-united.

The descriptions of Bush life and manners are well worth reading, apart from the story, which is full of interest from end to end.

H. H.

VERSE.

A sense of an earnest will
To help the lowly-living,
And a terrible heart-thrill,
If you have no power of giving;
An arm of aid to the weak,
A friendly hand to the friendless,
Kind words, so short to speak,
But whose echo is endless;
The world is wide, these things are small,
They may be nothing, but they are all.

Lord Houghton.

COMING EVENTS.

May 14th.—Church Missionary Society. Conversazione for Nurses, Church Missionary House, Salisbury Square, Fleet Street, E.C. 10 a.m. to 9.30 p.m.

May 17th—22nd.—General Lying-in Hospital, York Road, S.E. Third Post-Graduate Week for Midwives. Monday, May 17th, Reception by Matron and Staff. 4 p.m.

May 18th to 22nd.—Eighth Annual Nursing and Midwifery Exhibition, Royal Horticultural Hall, Westminster, S.W.

May 19th.—Asylum Workers' Association. Annual General Meeting. 11, Chandos Street, Cavendish Square, W. Chair, Sir John Jardine, K.C.I.E., M.P., President.

June 10th.—National Council of Trained Nurses Conference Day.

Morning Session: "The Duty of Trained Nurses in War." 11 to 1.

Afternoon Session: "The Place of the Imperial Mother in Peace and War." 11, Chandos Street, Cavendish Square, London, W. 3 to 5.30.

WORD FOR THE WEEK.

No sacrifice is too great to save the world from the irremediable disaster of losing at one blow honour, freedom and religion.—*The Bishop of London.*

* By Mrs. Campbell Praed. (Hutchinson & Co., London.)

LETTERS TO THE EDITOR.

NOTICES.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

CANADIAN SISTERS DEEPLY ESTEEM
IMPERIAL SISTERS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Referring to part of a letter which appeared in the *Canadian Nurse* and in the May 1st issue of your journal, may I say I did not write in an unkind spirit but in honest doubt, as at first I found the distinctions of dress amongst military sisters quite as confusing, though as necessary, as the stars and stripes of officers and men.

The Canadian Sisters who have been in the Imperial Hospitals have the deepest esteem for the Imperial Sisters, and I should be very sorry indeed to imply anything to the contrary.

Yours sincerely,

CANADIAN SISTER.

[We did not gather the impression that "Canadian Sister" criticised our Imperial Military Sisters adversely; quite the contrary, as she now states. Military uniform distinctions are naturally somewhat confusing to "civil" nurses at first.—ED.]

MARKET VALUE OF SKILLED NURSING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—“Ruth Wilson,” in your last issue, invites your contributors to express an opinion on the “Market Value of Skilled Nursing.” She expresses herself, although a private nurse earning £2 2s. a week, willing “to work under the Army Service for their standard salary, about £40 a year.” She very rightly states that “Army Nurses and Hospital Sisters (often at a salary of £30) are quite as well trained as we private nurses, so how can we command a higher fee?” No worker can command a higher fee so long as the most skilled members of any trade or profession are willing to accept sweating salaries—and nurses are more helpless than any other class of skilled workers, because, in the name of charity, their work is exploited in the most un-Christian manner. I have not time to discuss this economic question at length, but I must offer a protest against £30 a year being offered for the services of a certificated Ward Sister, and £40 by a Government Department such as the War Office, for a certificated nurse, which thus excludes attendance on our wounded defenders in military hospitals to private nurses, who are, in many instances, by financial help, keeping homes together in the absence of their glorious male folk—God bless them.

Yours truly,

ALSO A SCOTTISH NURSE.

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps for service in France can be interviewed by arrangement with Lady Barclay, 60, Nevill Square, London, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Friday, May 14th, and on Monday, May 17th, from 2.30 to 5 p.m., to see candidates, who must be well educated and hold a certificate for three years' training. Experience of fever nursing is an additional advantage. Nurses speaking French are preferred.

OUR PRIZE COMPETITIONS.

May 22nd.—What are the most frequent sites of tuberculous disease in children. What can nursing do to prevent it?

May 29th.—Give three essentials in the nursing care of the mother during the first week of the puerperium.

Competitors for our Prize Competitions are asked to note that their papers, endorsed Prize Competition on the envelope, must reach the editor at 20, Upper Wimpole Street, W., by the first post on Monday morning each week, otherwise they are too late to compete for the prize.

SOCIETY FOR STATE REGISTRATION
OF TRAINED NURSES.

The object of the above Society is: To obtain an Act of Parliament providing for the Legal Registration of Trained Nurses, so as to obtain for them the protected title of “Registered Nurse,” and thus distinguish qualified from unqualified nurses. Every nurse holding a certificate for three years' general training should join the Society. Apply to the Hon. Sec., 431, Oxford Street, London, W.

WHERE TO GET THE B.J.N.

If unable to procure THE BRITISH JOURNAL OF NURSING through a newsagent, the manager desires to be informed of the fact. Copies can always be procured at the office, 431, Oxford Street, London, W., and through Messrs. W. H. Smith & Son, in England; Menzies & Co., Glasgow, in Scotland, and Fanning & Co., Dublin, in Ireland.

NEW SUBSCRIBERS.

The Editor hopes that every reader who values THE BRITISH JOURNAL OF NURSING will interest friends and get new subscribers, so that its constructive work for the profession and the public may receive ever-increasing support. The Editor, staff and advertising manager are ALL BRITISH.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

The Midwife.

INFANT EYE-WORK.

THE PREVENTION OF BLINDNESS.

Is there any sadder sight than a blind child? Scarcely; more especially if the blindness is due to carelessness, and could have been prevented by care and skilled attention. According to the rules of the Central Midwives Board it is the duty of a midwife to explain that the case is one in which the attendance of a registered medical practitioner is required in any inflammation of, or discharge from, the eyes, however slight, and over and over again the chairman of the board impresses upon midwives the importance of this rule. Any midwife indeed who understands the importance of prompt treatment in such cases will be eager to bring a baby with the slightest discharge from one or both eyes under the care of a medical practitioner forthwith. There is scarcely any greater joy for a midwife than to know that by her prompt action the child's sight has been saved, or greater ground for life-long self-reproach if, by any negligence on her part, the most precious gift of sight has been for ever lost.

Cleveland, Ohio, has an excellent system of infant eye work in connection with which two nurses are employed. Last year they visited 735 cases, and it is estimated that at least 50 babies owe their eyesight to the prompt, persistent care and instruction of the nurses. That is satisfying work indeed.

In *The Modern Hospital*, Miss Harriet L. Leete, R.N., Superintendent of Nurses at the Babies Dispensary and Hospital, and the Bureau of Child Hygiene, Chicago, gives an interesting account of the work. Here is the story of Jo, who was referred to the eye nurse when only a few days old, it is a simple illustration of the value of nursing care and supervision; he was under the direction of the private physician who had confined the mother; there was a severe infection of one eye; this condition was improving, the physician had discontinued his visits and the

nurse felt very hopeful, when, owing to the carelessness of the mother, the other eye became infected. The nurse realized that two things were essential if the baby's eyesight was to be saved; first, continuous skilled care for the eyes, and second, breast milk for nourishment, in order that the child might gain his necessary resistance. She felt amply repaid for all her efforts when the child left the hospital entirely cured.

Susie was not so fortunate, as her mother did not hear about the eye nurses until her baby was fifteen months old; then when she called one of them in, told her story, and allowed Susie to be taken to an ophthalmologist for examination, she learned that Susie was entirely blind as a result of the non-registered midwife's carelessness at the time of her birth.

Nursing for prevention of blindness, says Miss Leete, requires specially trained women, as so frequently clinical symptoms indicate what the necessary care must be, even though a certain diagnosis cannot be made from the examination of the smear—the nurse learns to recognize dangerous symptoms and to differentiate between these and simple conjunctivitis, or inflammation caused by the injection of silver nitrate. Even with all of her experience and trained observation she never takes the slightest chance by making a diagnosis; if the mother cannot afford to have a private

physician, the nurse insists upon having the child taken to a dispensary for medical examination. If patients over three years of age are found whose vision is sufficiently impaired to require future assistance they are always referred to the Society for the Blind; through their social service department the child or adult is given every opportunity that can be secured in order that his handicap in life may be a minimum one. When we see the picture of Little Jo, with his happy face, and realise that but for the prompt action of his nurse he would have been condemned to life long blindness, we realise both the supreme importance and the intense satisfaction of infant eye work.



LITTLE JO.

THE CHILDREN OF UNMARRIED MOTHERS.

UNCHARITABLE RULES CONDEMNED.

A circular has been issued to the affiliated associations of Queen Victoria's Jubilee Institute for Nurses which is of special interest in its application to the question of war babies. The circular, which is signed by the Duke of Devonshire, as President of the Institution, Lord Goschen, as Chairman of the Council, and by representatives of two other nursing organisations, says:—

It has been brought to the notice of the Council of the Queen's Institute that, owing to the rules of some of the affiliated associations, midwife-nurses have been debarred from rendering much-needed assistance in cases of single women during and after confinement. The Council desires to place on record its opinion that rules which deprive unmarried women of attendance at the time of child-birth are uncharitable in principle and exceedingly harmful in practice.

How far the principle of punishing the offences of mothers by neglecting and injuring their unoffending children can be reconciled with the dictates of humanity and the teachings of Christ, must be left to the conscience of individual nursing associations.

The women in question are often open to good influences, especially at such a time, and it appears to the Council most undesirable that they should be deprived of the services and wholesome influence of a good and fully-trained woman, and left to the care of a casual neighbour or the possible risk of deterioration involved in their being sent to the workhouse, which is often the only alternative.

The principle, however, which, in the opinion of the Council, must guide all nursing organisations in this matter, is that the welfare and the efficient rearing of the children of irregular unions is the predominant consideration, and must overrule any scruples as to undeserved benefits which may incidentally accrue to the mothers. The well-being of these children, deprived as they are, through no fault of their own, of the normal protection and advantages of parenthood, is a trust imposed on all organisations concerned with the health of the poor and the efficient rearing of the coming generation. The helplessness of this class of children renders the duty of nursing associations towards them the more imperative, and there is no branch of their work in which a breach of their trust would be more deplorable.

The Council desires to emphasise the special importance of this duty at a time when the war is causing so deplorable a loss of life among possible fathers of the future generation. It would be most regrettable if nursing associations could be held responsible for unnecessary waste of life.

The Council earnestly commends this matter to the sympathetic consideration of the nursing associations affiliated to the institute, and hopes that those associations in which such restrictive rules are in force will endeavour to see their way to alter them.

POST-GRADUATE WEEK.

The Third Post Graduate Week for Midwives, at the General Lying-in Hospital, York Road, S.E., affords an invaluable opportunity for practising midwives to bring their knowledge up-to-date. The week begins on Monday, May 17th, with a reception by the Matron and staff, and ends on the 22nd with a test paper (optional), in connection with which prizes are awarded. The subscription is 5s. It is open to all certified midwives. Names should be sent at once to Sister Olive.

MIDWIFE'S APPEAL TO THE COURT.

In the High Court of Justice, on May 7th, before the Lord Chief Justice, Mr. Justice Avory, and Mr. Justice Low, Mrs. Lucy Henrietta Stock, formerly a certified midwife, appealed against the decision of the Central Midwives Board in striking her off the Midwives' Roll on October 22nd, 1914, the charge preferred against her on July 22nd being, that she was guilty of misconduct, inasmuch as for the last four months or more she had been, and still was, cohabiting with a man who was not her husband.

In opening the case counsel stated that Mrs. Stock was a married woman who, until 1909, was living with her husband at Warwick, when she left him, obtaining a separation order, the custody of the children, and an allowance of 10s. a week. The only money she had from him was £5. She went out into domestic service, and the children were sent to the workhouse. Then she was advised to train as a midwife, and subsequently passed the C.M.B. examination and was registered.

The same year she became acquainted with a widower, and a child was born, of whom it was admitted he was the father, but Mrs. Stock denied they ever lived together. Eventually the man took a house at Longford, his sister and a son living with them, and it was considered a convenient arrangement that Mrs. Stock should live in the same house. Nurse Stock, said counsel (there is no evidence of her having qualified as a nurse), carried on a good practice as a midwife, maintaining herself, and being highly esteemed in the neighbourhood.

Mrs. Stock appeared before the Central Midwives Board on July 22nd, but not in October.

The Court then adjourned.

On Tuesday the adjourned hearing was resumed, when the chief points argued were, whether the charge of co-habiting with a man not her husband would constitute misconduct (in the meaning of the Central Midwives Act, whether or not that she was so living could be proved against her, and whether or not the Central Midwives Board was influenced in its decision by the report from the Clerk to the Warwick Board of Guardians, it being asserted that some of the statements contained in the report furnished were incorrect.

The counsel for the appellant urged that the term misconduct under the Midwives Act did not affect the present charge. His first point was that

the Board was not intended to inquire into the private conduct of a midwife, but it was formulated to secure the better training of such.

The Lord Chief Justice asked how such an opinion would apply to drunkenness.

Counsel replied that the term misconduct would only apply to anything that rendered a woman unfit for her duty. In the case of habitual drunkenness this would be so.

Mr. Justice Avory asked if a woman leading the life of a prostitute would be held unfit according to the meaning of the Act.

Counsel replied that such a life would render her unfit in his opinion; but the fact of a woman living in the house with a man would not render her unfit.

Mr. Justice Avory drew attention to the fact that candidates for the Central Midwives Boards examination had to produce certificates of good moral character.

Counsel replied that test applied also to solicitors, doctors, and members of other professions.

The Lord Chief Justice suggested the case of misconduct in a doctor, *e.g.*, if a doctor were co-respondent in a divorce case, it would only be regarded as professional misconduct if the respondent were a patient.

Mr. Justice Lowe was of opinion that it was unfair to place professional women under disabilities to which professional men were not liable.

Counsel for the Central Midwives Board argued that there was a distinct moral difference between an unchaste man and an unchaste woman.

The Lord Chief Justice remarked that there was a great difference in the way women would regard an unchaste woman to the way men would regard an unchaste man.

Mr. Justice Avory said he did not think anything could be worse for patients in these particular conditions than to be attended by an immoral woman.

It was also argued that the relation of a midwife in the house of her patient was of a far more intimate character than that of a doctor.

Mr. Justice Avory again referred to the term "infamous conduct in a professional respect" with regard to a doctor.

Counsel replied that except such conduct applied to a patient or a nurse it did not touch him professionally.

In support of the evidence against the midwife he urged that if these proceedings had been for divorce, the fact that the parties were living under the same roof would be taken as evidence against them.

The Lord Chief Justice asked if there was sufficient evidence of the midwife's leading an immoral life. Three persons swore that the inference of co-habitation was a wrong inference.

Counsel referred to the evidence that the midwife had spoken of the man as her husband.

Mr. Justice Avory thought that the Central Midwives Board had been influenced by the Warwick Guardians taking away the custody

of the children, and he pointed out that the case papers were very inaccurate.

As we go to press judgment was given for the midwife, and the Lord Chief Justice directed that her name be restored to the Roll of Midwives.

BELGIAN MOTHERS AND BABIES.

Miss L. J. Comber writes in the *Journal of the Cleveland Street Nurses' League*, from Orsett Infirmary, near Grays, Essex:—

"One Sunday in November we had a Belgian woman and little girl admitted, the mother expecting another little one shortly. The woman looked so sad and sat and wept, but the baby girl soon made friends with the nurses. A lovely big girl, sixteen months old, with golden curls and big blue eyes. She wore long earrings and a 'dummy' on a silver chain. The mother knew no English or French, and we knew no Flemish, so we could only show our sympathy by making her comfortable. Then we found Belgians do not take tea, so we soon made some coffee, which is what they are used to drinking. She was pleased with our cake (we heard afterwards they call it 'English pudding'; I was afraid to tell the cook that, as she is such a good cake-maker!) The bath was another difficulty, and she needed a lot of persuasion to get in. However, eventually we got mother and baby comfortably settled, the baby in a cot beside her mother's bed.

"The next day another Belgian mother and little boy came—such a chubby little fellow, thirteen months old. He also had a teat with a nice long rubber tube attached, through which he drank his milk. On the following Thursday we had a Belgian mother and little girl five years old (also with earrings and teat on silver chain) admitted, and this one knew a few words of English and we were thankful. Well, when the three got together they just did talk, and I suppose among other things they discussed the bath, for on the Monday, when nurse made them understand they were to have one, they all shook their heads and talked volubly in Flemish, so we didn't insist, but waited till the Wednesday, when the husband of one of them came. He could speak English, so we explained to him it was the custom in England to bathe. So he said, 'Yes, they must do as you wish; if they don't, whip them.' However, we had no further trouble, and I think they quite enjoyed it. We soon learned a little Flemish and taught them a little English, and they got quite merry over our pronunciation of Flemish words.

"The babies arrived in due time—two boys and one girl. Unfortunately the ones who had boys wanted girls, and the one with a girl wished for a boy. They were all bonnie babies, and the mothers did well in spite of sitting up and getting out of bed frequently. We tried to make them understand it was wrong, but they said 'Belgium up third day.' They all went out before Christmas, each mother having a very nice parcel of clothes from the Belgian Relief Committee."

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Vol. LIV

EDITORIAL.

OUR HONOUR.

*"My honour and my life both grow in one,
Take honour from me, and my life is done."*

The Report of the Committee on alleged German outrages of which the Right Hon. Viscount Bryce, O.M., formerly British Ambassador at Washington, was chairman, is one of the most appalling documents ever issued as a Government Blue Book.

When hostilities were declared with Germany, in August last, there were many who believed that at least we were at war with a civilized nation, who would observe the recognized rules of warfare, and exempt non-combatants, so far as might be, from its effects. Then we heard charges, difficult to believe, against the German Army advancing through Belgium, of inhumanity and incredible savagery. But there is no longer any room for doubt. The report, with appendices, of Lord Bryce's Committee, directed "to consider and advise on the evidence collected on behalf of His Majesty's Government as to outrages alleged to have been committed by German troops during the present war," is such a terrible indictment that revolting as it is, it should be read by every man and woman in every civilized country in the world. Read moreover with the recollection that the Belgian people, men, women, and even infants, who have suffered martyrdom by mutilation, violation, crucifixion and other horrible crimes, have suffered lightly in comparison to the treatment which would be inflicted on those of British birth, if once the unspeakable fiends looting and slaying, under the blasphemous watchword "Gott mit uns" obtained a footing in these islands, which please God they never will.

The flame of righteous and burning indignation, which the evidence put forward by Lord Bryce's Committee will light from end

to end of the kingdom, must send every man of fighting age into the ranks of the Navy and Army, not only to avenge the wrongs of our Allies, but to protect British women. Is there a man in this country who will not at once prepare to fit himself for military service, when he hears of Belgian women violated by officers and soldiers in succession on tables in the public market place, and when he realizes that these things have been happening in places not so far from London as Edinburgh.

And if the mental torture of men has been intolerable—so intolerable as, in some cases, to deprive them of reason—in seeing their womankind, and their little children, at the mercy of these wild beasts, the sufferings of women represent the maximum which they can endure and live. Even their own physical degradation at the hands of an army lost to all sense of decency and shame, terrible as it is, does not represent their extremity of suffering. They have been compelled to witness the torture, mutilation, and murder of children of the tenderest years. Never since the days of Herod has such a ruthless and systematic massacre of the innocents taken place, and once more mothers are weeping for their children and refusing to be comforted.

The wrongs of womanhood outraged, bereaved, cry aloud for retribution, and British women, after reading the "Book of the Beast," must take steps to protect their own honour.

The Committee consider it proved (1) that in many parts of Belgium there were deliberate and systematically organized massacres of the civil population, (2) that women have been violated and children murdered, (3) that looting, house burning, and the wanton destruction of property were ordered and countenanced by the officers of the German Army, and (4) that women and children were used as a shield for advancing forces exposed to fire.

OUR PRIZE COMPETITION.

WHAT ARE THE MOST FREQUENT SITES OF TUBERCULOUS DISEASE IN CHILDREN? WHAT CAN NURSING DO TO PREVENT IT?

We have pleasure in awarding the prize this week to Miss Dorothy Humphreys, St. Bartholomew's Hospital, E.C.

PRIZE PAPER.

Tuberculous Disease and its Prevention in Children.—Tuberculosis attacks children most commonly in the brain, hip, peritoneum, cervical glands, and lungs. Tuberculous disease in children occurs most frequently in the hip-joint; more than half the cases occur before ten years of age, and over 90 per cent. before puberty. The brain is also frequently affected. Tubercular meningitis, which is synonymous with acute hydro-cephalis, is not uncommon among young children. The bowels are often the seat of tubercular inflammation; cases of children suffering from tubercular peritonitis may often be met with in hospital wards. Tubercular mesenteritis is closely associated with it. Phthisis, or tubercular lung disease, also attacks children. The lymphatic glands of the neck are often enlarged from tubercular disease. (The most frequent seat of tuberculosis in the tissues is the lymphatic glands.)

Prevention of Tuberculosis.—There is no evidence that tuberculosis, though commonly held to be an hereditary disease, is actually transmitted by heredity to the system. There may, however, be a tendency of the tissues to develop the growth of the tubercle bacillus. The nurse, therefore, who takes charge of a young child with a tendency to develop the disease has it in her power to help to prevent the same if the right measures are adopted. These deal chiefly with diet and hygiene.

Diet.—An infant should not be breast-fed by the mother if she is tubercular; a good sterilized milk mixture should be used instead. An older child should be given plenty of good food, but not more than he can readily digest. Fresh animal food, either roasted or boiled, should be given only once a day. After two years of age the child should have four simple meals a day; this is preferable to three larger ones. The diet should include eggs and plenty of milk. The amount of vegetables, in particular the consumption of potatoes, should be limited. Pasteurized milk is recommended in preference to fresh milk. Cod-liver oil, in the form of an emulsion, should be given in as large a quantity as possible without disordering the diges-

tion. This may be varied in hot weather with cream, fat bacon, olive oil, &c.

Exercise.—Plenty of exercise, well-ventilated rooms, and fresh air are most necessary. Outdoor games and suitable gymnastic exercises should be encouraged; deep-breathing exercises and those which correct round shoulders and contracted chest are specially suited for weak-chested children.

Fresh Air.—This is most important, and the child should have the maximum amount of fresh air and sunshine possible, and lead a healthy outdoor life. A certain amount of discretion must be exercised, for a tubercular subject must be kept from exposure to cold and wet; unnecessary exposure may have most harmful results, and even the most healthy children are exceedingly sensitive to changes of temperature, and suffer from cold, damp air. A dry, airy climate is most suitable, where the child can be out of doors most of the day without danger of taking cold.

General Hygiene.—Clothing should be warm, light, and loose; tight garments are very injurious, and interfere with the free play of the muscles. Pressure on the chest or ribs impedes the action of the lungs, and impairs the respiratory and digestive systems. The child should be bathed twice a day with tepid water, and gentle massage given after to excite the action of the skin. The child should not be allowed to sleep in the same room with a tuberculous person, nor to kiss anyone with the disease. The general health of the child must be most carefully attended to; tuberculosis has a curious relation to other diseases: the occurrence of the latter is very apt to set up the disease of tuberculosis in a predisposed subject, and this is especially the case with regard to influenza, measles, chicken-pox, and other childish ailments.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Eva M. Chapman, Miss Dora Vine, Miss Hilda Reynolds, Miss Jane Chapman, Miss F. Johnson, Miss T. O'Brien, Miss M. F. Hanson, Miss Kathleen A. Roberts, Miss Henrietta Ballard, Miss Lucy C. Cooper.

Miss Hilda Reynolds points out that certain children are more prone to tuberculous disease than others; they are spoken of as being of a strumous or tubercular constitution, the chief points of which are a badly developed chest, a weak circulation, and a low vitality.

QUESTION FOR NEXT WEEK.

Give three essentials in the nursing care of the mother during the first week of the puerperium.

WAR AND INFECTION.

By A. KNIVETT GORDON, M.B.Cantab.

Formerly Lecturer on Infectious Diseases in the University of Manchester.

As each week goes by with its fresh tale of previously unthinkable savagery perpetrated by those with whom we are at war, it becomes more and more evident that it is possible for no one who has the interests of his country at heart to regard this struggle with an air of detachment. Only by realising to the full the effects of this orgy of strife can we make ourselves ready to deal with its possible consequences as they arise.

It is now the part of every one either to fight or to protect. Obviously fighting is the more necessary and important, and the attack can be carried on not only by soldiers and sailors, but also by all who make munitions of war or supplies, or who help in any way to "deliver the goods."

Still, we must remember that a war of this type—waged, if ever war was, against the powers of Hell itself let loose—also kills or harms those who stay at home, and it is necessary that these should be protected from its ravages if only for the reason that they must be the parents, or future parents, of the stock which will be required to fill the gaps in our nation's manhood.

Hand in hand with war goes her sister disease, and much of this disease is infectious, doubly dangerous because it attacks not only the individual, but the community. It seems to me, therefore, that a few thoughts on the nature of infection in general and the means employed to deal with it may not be out of place at the present time.

The first point that I would make is that infection is not merely an attack; it is a fight. The general public is nowadays learned on the subject of germs, and is apt to regard the presence of a microbe as synonymous with an outbreak of the disease which that microbe produces. Hence, it thinks that all that is required to keep off infection is to kill the germ, which it proceeds to do by sprinkling a bottle of its pet disinfectant about the room, or even by emptying it down the nearest drain!

Now, it cannot be too emphatically stated that for a person to contract an infectious disease we must have not only the presence of the particular microbe, but also *some weakening of the patient's powers of resistance to that microbe.*

Let us take a simple analogy—Suppose a neighbourhood to be infested with a gang of burglarious thieves, who are perpetually prowling about the streets waiting for an opportunity to enter houses and take what they can find. It is obvious that the mere presence of the gang does not mean that everybody in the neighbourhood will necessarily lose their property, but if for some reason or other, the otherwise adequate force of policemen is withdrawn, it follows that the thieves will find several houses unprotected, and *then* property will disappear. In other words, what matters is the weakness of the police.

So it is with micro-organisms. In point of fact they are almost ubiquitous, as we see when we take a culture of the dust in any ordinary room, and find the tube in twenty-four hours in all probability teeming with germs of all kinds. From a healthy mouth, too, many most objectionable microbes can usually be grown without difficulty. In fact, the only objects that are free from them are those that have been recently sterilised.

Obviously, we cannot get away from the *possibilities* of infection, but what keeps us as a rule free from it is the healthiness of our own "police-men," the white blood corpuscles.

These are, as a rule, quite capable of destroying microbes which gain entrance to the body. Thus, the average healthy man frequently cuts or scratches himself with dirty, germ-laden objects, and often does not make any attempt to disinfect or even cover up the wound, and withal suffers no harm, and a nurse who takes care to keep herself "fit" may perhaps spend two or three years nursing infected children in a fever hospital, and never "catch" anything. In both these instances there are microbes in abundance but no disease.

Now one effect of war is to *lower resistance*, and this may be brought about in various ways. Apart from the obvious factors on the battlefield itself, such as exposure, loss of blood through a wound, and the hardships and privations incidental to all campaigns, we must not forget that the civilian population suffers also. The harm is done here, not only by poverty and want, and the rise in prices of provisions, all of which act by diminishing the quantity of food which is available for the nourishing of the blood corpuscles, but even by mental factors, such as worry, anxiety, bereavement, and—especially in this war—by the perpetual wondering as to what fresh horror the morning news will bring forth. These act partly by producing loss of appetite, though there can be no doubt that mental impressions have also

a direct effect on the nervous mechanism that regulates the distribution of the white blood corpuscles in the body.

Consequently, in war time we see ordinary infections intensified, so that such diseases as scarlet fever, diphtheria, and measles, which are always with us, become more prevalent in the community and more harmful to the individual attacked, and we also have a revival of more or less forgotten or rare epidemics like typhus and "spotted fever." An important factor in the production of both these latter, incidentally, is overcrowding. It may be, for all I know, a military necessity to pack our soldiers over here into huts or tiny billets, almost as closely as sardines in a tin. I have no military knowledge, and I cannot say, but it is none the less a physiological crime, and it is certainly asking for trouble in the shape of spotted fever, for instance. You cannot go against the laws of health and expect to be let off the logical consequences. Were it not that the resistance of the soldier is raised very considerably by the exercise and good food he gets, the trouble would be much greater, and we must not forget that, given overcrowding, too little food, and worry to boot, in the *civilian* population, the havoc must be expected to be great. In other words, war may bring home to us our national sins—like insanitary housing, for instance—in the shape of appalling visitations of known or obsolete disease. Typhus, smallpox, spotted fever, and even cholera or plague are now something more than possibilities.

But, you will say, how does this exactly concern women? Simply, I think, because women—health visitors, nurses, and indeed all women who go about and see things—are such a potent factor in the dissemination of *knowledge*, and this is mainly a problem of education. We doctors have excellent opportunities of shutting the stable door, but the horse has generally been stolen by the time we are called in, and, of course the poverty of war means that people generally try to do without the doctor as much as possible.

The knowledge to be spread—as broadcast as possible—resolves itself into the necessity for feeding the hungry, calming the frightened, comforting the troubled, and detecting—or even suspecting, for that is half the battle—infectious disease when it has arisen, so that the sufferer may be isolated. Such signs as feverishness, sore throat, persistent headache, and so on, are too often labelled "influenza" for the public safety.

I think, too, that the public requires some educating in the matter of the use of certain

so-called preventives of infection. It is no uncommon thing to find people who ought to know better dropping eucalyptus oil on to their pocket-handkerchiefs in order to keep off infection, or, as I mentioned, sprinkling disinfectants about very dirty rooms for the same purpose! None of these things have the smallest effect on the average microbe, and it would be of much more use if they were to scrub their floors, open their windows, and eat well. Many of the poor do not get enough nourishment because they eat very expensive foods which they do not know how to cook, and in this respect alone the influence of the woman who sees and knows is invaluable.

Then there is the perennial drink problem. Without for one moment preaching total abstinence, it is beyond all question obvious that constant drinking to slight excess diminishes the resistance of the person to infectious disease, so that he not only is more likely to be attacked, but suffers more severely when he does succumb. Someone said that in the South African War the drinkers were "labelled" by dropping out on the march, and the same thing is most evident in the wards of a fever hospital. One can tell a man's habits in regard to alcohol by the way he behaves under infection. And one must remember that alcohol is a cheap anæsthetic—and personally I believe this to be the main reason why many people, especially women, take more than is good for them—and that all anæsthesia is seductive in time of stress and distress. Moreover, it is not so long ago—I remember the time well—since alcohol was supposed even by the "faculty" to keep off infection, and that is why you always find a very large and thriving public-house just outside a fever hospital for the benefit of those who have to visit their relatives who are "dangerously ill"! The old belief dies hard.

To sum up:—All cannot fight or make shells, but all can protect, and one of the national foes against which protection is even now necessary is the ravage of preventible infectious disease. Later on, the difficulty may be very serious.

NATIONAL COUNCIL OF TRAINED NURSES.

For the convenience of several speakers who hope to take part in the Conference on "The Place of the Imperial Mother in Peace and War," the date has been altered from the 10th to 17th of June. Tickets (free) may be obtained from the Hon. Secretary, N.C.T.N., 431, Oxford Street, London, W.

NURSING AND THE WAR.

The boat train which left Liverpool Street on Saturday morning, May 15th, took many nurses travelling to Malta and Egypt. One saw on the platform the grey cloaks, with a touch of scarlet, of the Army Nursing Service Reserve, worn with the grey hat, and red, white and blue ribbon now

the badge of the Joint Committee, a Red Cross badge in the front of the hat, a Red Cross brassard on the left arm, and the special badge of the Canadian Red Cross Society. Capable and alert, they should prove a valuable addition to the present nursing staff in Malta, but we must own that the uniform in which they arrived was to our mind much more becoming and suitable than



FIRST MEMBERS OF TRAINED NURSES' ECONOMIC LEAGUE SENT ON ACTIVE SERVICE.

Sister Park. Sister Duckett. Sister Evans.
Sister Borrett. Registered Nurses' Society.

adopted by the Service. Then there was the circular cloak of the nurses working under the Joint War Committee with double front and distinctive badge, the Canadian Red Cross party in grey coat and skirt and straw hats, also wearing

that selected for them in this country. They were much pleased to have been chosen for this special duty, and spoke gratefully of the kindness and courtesy they had received while in England.

There was also a large party being sent by the Dowager Countess of Carnarvon to Alexandria.

The British residents and visitors at Alexandria and Cairo are to be congratulated on their promptness, resourcefulness, and liberality. To meet the needs of the sudden influx of sick and wounded, and through the Dowager Countess of Carnarvon, now in Egypt, they sent home for thoroughly trained nurses to be despatched at once.

The nurses were selected by Miss Moore, Matron of the Duchess Nursing Home, Beaumont Street, W., and their passage by the P. & O. steamer *Mongolia*, were taken, and other arrangements made by the Hon. Mrs. Aubrey Herbert. So without any red tape, or delay, a party of 24 nurses left Tilbury on Saturday, 15th inst. It included Miss F. Borrett, Miss F. Duckett, Miss C. Evans, and Miss L. Park, of the Registered Nurses' Society; Miss K. Bland, Miss J. Bryan, Miss M. Buxton, Miss K. Coldwell, Miss M. Copinger, Miss G. Conolly, Miss A. Holmes, Miss E. John, Miss D. Jones, Miss C. Keene, Miss A. Lewis-Edwards, Miss M. Little, Miss M. MacCall, Miss G. Maclean, Miss C. Pearson, Miss M. Roberts, Miss E. Sharp, Miss E. Smart, Miss N. Taylor Morley.

That this party of thoroughly trained and certificated nurses should have been selected and despatched at a few days' notice is proof, if proof is needed, that there are nurses to be had if the War Office or other employers are willing to pay the fees which they ordinarily command.

Sir Victor Horsley, who has been working in a hospital for our wounded for the past six weeks, has returned warmly enthusiastically concerning the work of our nurses; he said: "The nursing is simply splendid," and then he asked, "and who has depreciated their salaries and cut them down by one half?" Sir Victor had but a few hours in London as he had to embark for service in Egypt, but he hoped to make enquiries on the question of salaries of nurses on active service, and see if it were not possible to do justice in this particular.

We told him about our proposal to form a Nurses' Economic League so that private nurses who could not afford, owing to family responsibilities, to work for less than £2 2s. a week, might offer their services to the sick and wounded at their normal fee. When there was a shortage of trained nurses for fever work, some little time ago, the Metropolitan Asylums Board engaged nurses from private nursing institutions at £2 12s. 6d. a week, at a very considerable cost to the ratepayer, but why should the State be permitted to undersell the market value of women's work? It is not attempted with men. Indeed our Admiralty is paying the physicians and surgeons it has retained for service in the Navy a salary of £5,000 a year, although we doubt if several of the younger surgeons retained are earning such an income in the open market. Private nurses can and do earn from £2 2s. to £3 3s. a week and should not be paid less by the State than the former fee.

We are pleased to know the Dowager Countess of Carnarvon, through whom a large contingent of nurses were sent to Cairo on Saturday, has arranged for those selected to receive £2 2s. a week as long as their services are required, and on these terms several members of the Trained Nurses' Economic League were engaged from the Registered Nurses' Society, and as presented on page 433 we feel sure those who employ them, and our brave wounded men for whom they are to care, with all their skill and devotion, will feel they are well worth the money. Meanwhile they will be able to fulfil their family obligations with peace of mind.

Miss Florence Wedderburn Pritchard, one of the party of thirteen nurses who left for Serbia on May 9th, has held the post of Superintendent of the District Nursing Association, Hull, affiliated to Queen Victoria's Jubilee Institute, for the last five and a-half years. She was trained, and afterwards held the position of Sister, at the St. Marylebone Infirmary, and had a varied experience in district nursing before her appointment to Hull.

It was reported at a meeting of managers of the Edinburgh Royal Infirmary that they had on the list 180 fully trained infirmary nurses on service. Of these, 57 were serving abroad, and 3 were on a hospital ship. Those abroad were in France and in Malta, while about 120 were in this country, and Craigleith Hospital was largely staffed from their school. The school is to be greatly congratulated on such a fine record of national service, especially as we hear Scottish nurses are in great demand by those who have had experience of their sterling qualities and practical skill.

Miss Ethel Gray and the New Zealand Sisters, who have had an insight into English methods of military nursing at the Royal Victoria Hospital, Netley, are now in residence at the Convalescent Home, Harefield Park, near Uxbridge, where, no doubt, sick and wounded soldiers of the Empire will benefit greatly by their skilled services.

The British Consul at Rouen has kindly placed his tennis courts at the disposal of the nurses of the No. 2 British Red Cross Hospital, but owing to the lack of tennis balls and racquets the nurses are debarred from availing themselves of this well earned and necessary relaxation. Mr. R. Reece, of Bunda, Wellington Road, Parkstone, Bournemouth, will be glad to receive racquets to send to Rouen. To keep in health nurses on active service greatly need healthy outdoor recreation, and we have no doubt the need for racquets only need to be known to be supplied.

We know of a voluntary hospital in France, kept up by public subscriptions in England, the nursing staff of which consisted of an uncertificated nurse, a V.A.D. worker, and a governess,

the latter two of whom had never done a day's hospital nursing in their lives! Wicked waste of money often given by great self-sacrifice.

The United States Ambassador in Berlin states that typhus fever is present at the following camps, where there are British prisoners of war: Zossen, Altdamm, Schneidmühl, Gardelegen, Wittenberg, Zerbst, Sagan, Cassel, Langensalza, and Chemnitz.

Cases at Zossen are confined to the Russian prisoners and a few of the Indian troops.

Letters are not allowed to be sent from the above-named camps for fear of transmitting the disease. What cruel anxiety the friends of prisoners in these camps will suffer! No English nurses to care for them. No dear friends to console them. The misery of British prisoners in Germany is, indeed, heart-rending.

The Island of Malta, to which the exigencies of War are now taking British nurses, is a picturesque British possession well known to many people, because it is a coaling station on the highway to India; and passengers by the great liners have thus time to see some of its most interesting buildings. The casual visitor who goes ashore is, perhaps, most struck with the innumerable beggars, the curious hooded-cloaks worn by the women—giving the impression at first sight that all the women of the island are Sisters of Mercy, the fine harbour, the steep streets of Valetta—with their many steps—the beautiful churches and the innumerable church bells, for Malta is Roman in religion and devout in practice. Many of the shop windows are filled with lovely specimens of Maltese lace—lace-making being an industry for which the island is famous. The streets are narrow, and, with projecting covered balconies, their appearance is most striking. There are

some famous buildings in the island, including the Church of St. John, with its richly painted roof and beautiful tapestries and inlaid marbles, the *auberges* (lodges) of the knights including the Auberge de Castile, and the hospital of the Knights of the Order of St. John of Jerusalem, with its many memories of the Knights Hospitaliers valiant defenders of the faith. All these things combine to make Malta a most interesting place in which to sojourn for a while.

Una tells us something of the disposition of leading Australian Nurses now on active duty in Egypt:—

Miss Bell, Matron of the Melbourne Hospital, is now Principal Matron of No. 1 Australian Hospital, which is in charge of Dr. Ramsay Smith, and is situated at the Palace Hotel, Heliopolis—a magnificent building erected quite recently to accommodate tourists. It is within a 20 minute electric tram ride of Cairo. With Miss Bell are the majority of the Victorian nurses.

Miss Gould, of Sydney, is Principal Matron of No. 2 Hospital, which is Mena House. This building is 40 minutes' tram ride on the opposite side of Cairo, near the famous Pyramids.



CHURCH OF ST. JOHN, MALTA.

Miss Drury, who was in charge of the Canadian Red Cross nurses sent to Malta on Saturday, was invited last week to attend the Ladies' Committee of St. John of Jerusalem in England, when she returned thanks for all the courtesy and kindness extended to them by members of the Committee in London.

A hundred and sixty-four trained nurses from Australia and New Zealand are to arrive in London for active service this week, and twenty-nine from Canada. We bid them all the heartiest welcome.

JOINT WAR COMMITTEE.

Many people apparently do not understand the composition or functions of the Joint War Committee. It is composed of representatives of the Order of St. John of Jerusalem in England, and the British Red Cross Society, administers the money contributed to these societies and to the *Times* Fund, and through a Board of Matrons selects nurses sent to the Military Auxiliary Hospitals.

The following nurses have been deputed to duty in home hospitals:—

Field Ambulance Hospital, Gostwycke, Colchester.—Miss F. M. Wyncoll.

Shernfold Park Hospital, Frant, Sussex.—Mrs. Owen.

Highfield Hall, Southampton.—Miss J. Collins.

Kempston Red Cross Hospital, Gramville Road, Eastbourne.—Miss A. Kennedy.

Beckett Hospital, Barnstey.—Miss R. Bevington.

V.A.D. Hospital, Bourne, Lincs.—Miss B. Williams.

Norfolk War Hospital, Thorpe, near Norwich.—Miss M. L. I. Morton, Miss E. Creed, Miss F. G. Clark.

Red Cross Hospital, Netley.—Miss J. L. Weir.

Dunsdale Hospital, Westerham, Kent.—Miss E. Lloyd, Miss M. Haines.

Marshales Park, Romford, Essex.—Miss M. R. Easton.

V.A.D. Hospital, Hoddesdon, Herts.—Miss M. O'Farrell.

V.A.D. Hospital, Yacht Club, Gravesend.—Miss J. Benrose.

Pinner Place V.A.D. Hospital, Pinner.—Miss E. Neale.

Amphill Park, Amphill, Beds.—Miss M. Hawkins, Miss M. L. Yell.

V.A.D. Hospital, Strood, Kent.—Miss C. Allchin, Miss E. Anderson.

Rothsay Hospital, Weyhill, Andover.—Miss H. Campbell.

Red Cross Hospital, Sussex Lodge, Newmarket.—Miss J. S. Kember.

Laverstoke Military Hospital, Whitechurch, Hants.—Mrs. C. Haines.

Sea Bathing Infirmary, Margate.—Miss J. Clarkson.

Red Cross Hospital, Church House, Llandoverly.—Miss E. A. Sorrie.

V.A.D. Hospital, Semley, Wilts.—Miss E. L. Coome.

St. Anselm's Hospital, Walmer.—Miss R. J. Osborn.

Cornelia Hospital, Poole, Dorset.—Mrs. R. M. Roberts.

Bowood V.A. Hospital, Calne, Wilts.—Miss H. Sewart.

10, Bruton Street, Berkeley Square.—Miss E. J. R. Plunket.

7, Harcourt House, Cavendish Square.—Miss G. Walters.

Red Cross Hospital, Clevedon, Somerset.—Miss C. Waddell, Miss A. M. Alexander.

South Wingfield Hospital, near Alfreton, Derbyshire.—Miss E. A. Adams.

Divisional Clearing Hospital, Bedford.—Miss A. Moses.

Parochial Hall, Kenilworth.—Mrs. Winthorp.

Red Cross Hospital, Corsham, Wilts.—Miss E. Prior.

Military Hospital, Stramongate, Kendal.—Miss A. E. Waddell.

Hall Park Auxiliary Hospital, Bracon, Hants.—Miss E. Ward.

Standish Hospital, Stonehouse, Gloucestershire.—Miss I. Taylor.

V. A. D., Somerley, Ringwood.—Miss C. D. N. Fraser.

Higams Military Hospital, Woodford Green.—Miss B. F. Joyce.

North Staffordshire Infirmary, Stoke-on-Trent.—Miss Towler, Miss Lindlay.

V. A. D. Hospital, Earl's Colne, Essex.—Miss F. M. Robertson.

Clandon Park, near Guildford.—Mrs. Mulvaney, Mrs. Sharpe Smith.

Southerdown and Bride's Hospital, Bridgend, Glamorgan.—Miss Okey.

Red Cross Hospital, Sussex Lodge, Newmarket.—Miss M. E. James.

Red Cross Hospital, Carlisle, Bridgend, Glamorgan.—Miss E. L. Coome.

V. A. D. Hospital, Newton Abbot.—Miss E. Unsworth.

War Hospital, Norwich.—Miss Welch.

V. A. D. Hospital, Erdington, near Birmingham.—Mrs. Ash, Miss H. Monteith.

Auxiliary Hospital, 23, Banbury Road, Oxford.—Miss Ada Jenkins.

Red Cross Hospital, Manor Road, Worthing.—Miss D. J. Gould.

Norfolk War Hospital, Norwich.—Miss H. Duffy and Miss E. A. Davis.

Beechcroft Red Cross Hospital, Woking.—Miss F. Cresswell.

The following nurses left Tilbury on Saturday last by the P. & O. S. N. Co.'s ss. *Norgolia* for Malta: Miss Louisa F. Conyers, Miss Rachel Ferguson, Miss Florence M. Gibson, Miss Annie Leask, Miss Annie M. Lundy, Miss Annie McDiarmid, Miss Sara Parker, Miss Caroline Rudd, Miss Emily Rutledge, Miss Emily J. Townley, Miss Mary C. Trower, Miss Mary Tuslingham, Miss Dorothea R. Watson, Miss Anna Watt, Miss Elizabeth White.

CANADIAN RED CROSS NURSES.

The following Canadian Red Cross Nurses also were included in the party: Miss H. Evelyn Drury, Miss Anna C. Burritt, Miss Edith E. Alway, Miss Annie Bowlby, Miss Mary I. Burns, Miss Ethel G. Fordham, Miss Josephine M. Gordon, Miss Annie E. Johnston, Miss Margaret Lee, Miss Margaret Macfarlane, Miss Katherine J. MacGregor, Miss Bertha M. MacIntosh, Miss Olive L. Niles, Miss E. Constance Pell, Miss Jane T. Ramsay.

St. John's Gate, Clerkenwell, which is just now so well known to nurses, has a most interesting history and is now, with the crypt of St. John's Church, all that remains of the ancient Priory of

out to fight for the protection of pilgrims with the distinctive eight-pointed star on their red fighting surcoat. In 1381 it was destroyed by Jack Straw's mob, who beheaded the Prior. Henry VIII



By kind permission of the

St. John Ambulance Association.

ST. JOHN'S GATE, CLERKENWELL.

the Order of the Hospital of St. John of Jerusalem in England. It was from this Priory that three hundred "Knights of the Sword of Justice" went

dissolved the Order and beheaded three of its members for high treason, but in a different form it has been resuscitated and is still active in good works.

FRENCH FLAG NURSING CORPS.

WOUNDED ALLIES.

Miss F. E. Anstice, who took charge of the units which left for France on May 13th, is well-known for her excellent work as Lady Superintendent of a West End Nursing Home, which she conducted with great success for ten years in Beaumont Street, W. Recently she has been doing very interesting work in Spain, and her experience in nursing, massage and supervision should now be of the utmost use to our Allies in France.

Two units will leave at the end of the week with Miss A. Roberts as supervisor. Miss Roberts, who was trained at the General Infirmary, Stamford, has for the past five years been Matron of the Montgomery Infirmary, Newtown, and has already been on active service in France, with the approval of the committee, who greatly appreciate her valuable services, and will welcome her back after another spell of War work. The units will consist of Miss B. M. Beynon, cert., Royal Isle of Wight County Hospital, Ryde; Miss H. E. Canning, cert., St. James' Infirmary; Miss A. Lawley, cert., Holborn Infirmary; Miss A. Watkins, cert., Holborn Infirmary; Miss D. E. Pope, cert., Camberwell Infirmary; Miss L. Mallon, cert., District Hospital, Grimsby; Miss E. A. Holme, cert., Farnham Infirmary; Miss Edith M. Smith, cert., Western Infirmary, Glasgow; Miss L. F. Wood, cert., Public Hospital, Perth, Australia; Miss R. F. Wearn, cert., London Fever Hospital (Fever Nurses' Unit); and Miss J. Manby, Masseuse, cert., London School of Massage, Head of Massage Clinic, Western Hospital, Montreal, the committee of which have granted Miss Manby leave of absence to help wounded soldiers requiring massage and electrical treatment. She will probably be sent to Evreux, to release Sister Wadsworth, who is a highly skilled surgical nurse as well as masseuse.

The Belgian Army Medical Commission has specially requested the Wounded Allies Relief Committee to undertake the care of a number of tuberculous Belgian soldiers, who have acquired the disease during the hardships endured last winter in the trenches. It will be realised that these men are amongst the most piteous victims of the War—since their malady is as dangerous as any mutilation or loss of limb, and is even more

deadly not only to themselves but to the community at large, unless proper treatment is forthcoming. The Committee, therefore, appeals most urgently for premises in which to establish a home. The ideal conditions would be a house on high ground and at the seaside. If any owner of such a house would be so extremely generous as to lend it for this purpose, particulars will be gratefully received by Mr. Albert Van der Velde, Hon. Hospital Superintendent, Wounded Allies Relief Committee, Sardinia House, Kingsway, W.C.

The Committee, whose typhoid hospital is being established at Kragujevac, the headquarters of the Serbian Army, has received a most satisfactory report from the doctor at present in charge. Dr. Lauwens reports that the building provided by the Serbian Government is spacious, clean, and in all ways suitable; that the unit has received the utmost attention from the Serbian Government; and that the typhus epidemic is already declining, a total of 20,000 cases in March having dropped in April to 12,000. He further relates the safe arrival of the Committee's motor ambulance, which is to be used, at first, for the transport of cases of infectious disease. Dr. Lauwens reports a most urgent need of all surgical instruments, dressing materials and bandages, disinfectants, iodine, &c. Gifts in kind will be welcomed if addressed to the Committee at Sardinia House, Kingsway.



MISS F. E. ANSTICE, SUPERVISOR, F.F.N.C.

NURSING TYPHUS IN SERBIA.

Miss F. A. Fry, who went out to Serbia in October as Matron of the contingent of nurses taken out by Lady Paget, has recently returned home after a varied and interesting experience. At first she organised the nursing in the hospital at Skopje (Uskub) in a tobacco factory consisting of three blocks, one surgical, one medical, and one convalescent, with three floors in each, each floor having two hundred beds. Here she superintended the theatre under the English Red Cross doctors, as the Red Cross in this country had sent out 6 doctors and 12 orderlies. They had only taken their field equipment, as they had expected to go to the Front; but at that time the Serbian authorities would not allow them to do so.

The nursing staff relied for assistance on Serbian ladies and Austrian prisoners, many of whom made good orderlies. All sorts of diseases were rife, and, in the hospital, cases broke out of small-pox, typhus, diphtheria, enteric, and scarlet fever.

When the need arose for the care of 200 typhus cases in a big barracks taken over by the British Red Cross up in the mountains, Miss Fry obtained permission to transfer from service under the Serbian Relief Fund to that of the Red Cross. She was the only Englishwoman there, and with the two English doctors and four orderlies, who were admirable men, ran the hospital. They appealed to the military authorities for the services of 40 to 60 Austrian prisoners as orderlies, and could not have done without them. Miss Fry states they were for the most part willing and excellent men, who expressed themselves as having no quarrel with the English. The head Austrian orderly, who spoke eight languages, was quite invaluable.

Typhus, Miss Fry emphasises, is a disease which needs good nursing and careful feeding, and unquestionably many Serbians died for the lack of them. The symptoms are headache, backache, and rising temperature. After the spots come out it rises very high, often up to 106°. There is great prostration, and often delirium. Complications, due to the fact that typhus is a very septic disease, are embolism, and sloughing off of extremities, such as noses and toes.

Treatment includes the application of ice-bags to the head (plenty of ice was obtainable in the

mountains) and cold packs; also flushing out the kidneys with fluid to help to eliminate the poison. Fresh air is very essential, and it was difficult to induce Serbians to believe it. Eventually some of the windows were removed, and the patients thought they would be killed, but changed their minds when they at last realised the good effects of pure air.

In regard to personal precautions, Miss Fry, who certainly looks the picture of health, states that she took daily an antiseptic bath, and rubbed herself all over with petroleum. It was found that the lice which are generally supposed to be re-

sponsible for the disease would not come near petroleum.

The handsome decoration which is illustrated on this page was given to Miss Fry, with a beautifully illuminated diploma, expressing gratitude for her services, by the Serbian Red Cross Society, of which the King is patron. It is suspended from a white ribbon.

The hospital was handed over to Lady Wimborne's party of nurses.

Mr. John D. Rockefeller has just sent thirty-five million francs to Prince Alexis of Serbia, President of the Serbian Red Cross Society.



DECORATION GIVEN TO MISS FRY BY THE SERBIAN RED CROSS SOCIETY.

LETTERS FROM THE FRONT.

LETTER FROM MR. STEPHEN PAGET, F.R.C.S.,
AFTER HIS VISIT TO THE URGENCY CASES
HOSPITAL AT BAR-LE-DUC, MAY, 1915.*

In the train between Paris and Dieppe,
Friday morning.

DEAR MISS EDEN,—You said you would like some notes with "local colour," so please forgive pencil, for I shall be happily busy with home when I get there, so I write in the train. Now for anything that you may like to use in any way for your journal.

The journey out was delightful. I had no idea what a lovely country France in May is; we went for hours through country, every mile of it beautiful. We came across the first results of the war at Sermaise, all of a sudden—poor little place, a horrible wreck. Then we began to note other results—the graves, with their little wooden crosses, some with a képi hung on them. Then came Bar-le-Duc. It is a jolly old town, with river and a good Haute Ville, and the Hotel de Metz was good fun; a bit rough, but so busy and crowded. The little *salon à manger* was a delightful hustle and babble at dinner, and our rooms were clean, and at night (Bar-le-Duc goes to bed about 8.30) all silent but the church clocks and the frogs, and perhaps the sound of guns nearly thirty miles off. Soldiers of all ranks and uniforms everywhere, and the chief industry—jam-making—is very acceptable to the hospital people, and Bar-le-Duc takes things philosophically and cheerily. Fancy the little gamins, we found them playing marbles with shrapnel bullets!

There was a fanfare in the big courtyard of the Hospital Centrale the evening we got there. Such a pretty sight. It was 14 or 15 "amateur" French soldiers. They had found some instruments in a deserted village or villages, and had rehearsed a bit, and they played very well, with a crowd round them of patients, soldiers, and French and English doctors and nurses and orderlies, and for a background to the pavilions and store tents and outhouses a hillside of fresh green and apple blossom, and sunshine and blue sky. It was really a beautiful sight. I was talking with the French *Médecin-chef*, and looking at some of his cases, when "God Save the King" was struck up, and he stood rigidly at the salute, and I bare headed beside him, all through it. "Werry nice and comfortable" it all felt.

Next morning—Sunday—we went to Mass in the receiving tent, at an altar made of packing cases duly covered. Some of the patients sat on the beds, and two or three were laid on stretchers close to the altar. The curé of St. Mihiel said Mass, and made a little discourse. Everybody likes him at the hospital. That afternoon Mr. Philips motored us to Vassincourt and Sermaise. I can't describe the frightful thoroughness of the de-

struction. It was really like the pictures I have seen of Pompeii. Vassincourt is just wiped out and emptied. It is just a rubbish heap. Monday we were pretty much all day at the hospital. We saw the *train des blessés* come in, the daily consignment of patients. The medical cases were even worse to see than the surgical. Such poor wrecks of men, some with some lung trouble, and many with typhoid, and some looking just dazed and worn out, body and soul. Certainly the hospital can't complain that it doesn't get sufficiently urgent cases. Most of the wounds are shell or shrapnel, and some of them indeed many of them, are *frightful*, such as you very rarely see in civil hospitals. But you'll be very glad to hear that the death rate of our hospital has been very low, and this good result is due not to luck but to good surgery and good nursing, and to the persistent use which our hospital makes of the open air. The men doze for hours there in deck chairs. I heard that the French surgeons were greatly surprised at the English employment of unlimited open air, even for serious cases.

Tuesday, having done our work at the hospital, we were taken a grand motor round—Mr. Philips' great kindness again—to Villers-aux-Vents, Les Illettes, Ste. Meneshould, Clermont; indeed, other places too, whose names I can't remember. It was a day of contrasts. Villers-aux-Vents is terribly wrecked, and so is much of Clermont. At Villers, they showed us the dug-outs of the Crown Prince and his staff, made last autumn. I note in *Le Matin* that to-day is his birthday. He is of the memorable age of thirty-three. We drove through miles of the Forest of the Argonne, and very beautiful it is, and we picniced in a little "heaven on earth" in the forest, and were given a big bunch of lilies of the valley by a French soldier, who picked them in the wood for us, and would take nothing for them. At Les Illettes and at Clermont we visited the clearing hospitals, "Hopitals d'Evacuation," and were received with the utmost kindness by diverse army surgeons. These little clearing hospitals are well arranged, and seem to be doing very good work, but of course they get some frightful cases, and it seems idle to expect anything like "asepsis" anywhere. Wednesday we paid good-bye visits to General Mignon, who is a "pearl," and to the French *Médecin Chef*, and to everybody at the hospital, and departed for Paris. It has been a wonderful and *most happy* week, and we are quite sure that we have been useful. I think the good nursing has been a grand appeal to the French people. Of course we still want lots of things for the hospital.

I'm finishing this on the boat, in the smoothest, glassiest passage that man could wish.

Yours very sincerely,

STEPHEN PAGET.

We are asked to state that for the future any gifts for the Urgency Cases Hospital should be addressed to 50A, Curzon Street, London, W., instead of to 11, Stratford Place.

* We are indebted to Miss Eden for this most interesting letter.—ED.

THE CARE OF THE WOUNDED.

The Marquis of Lansdowne has been elected chairman of the British Red Cross Society, in succession to the late Lord Rothschild.

The War Office announces that the correct name of the military hospital which will shortly be opened at the new Stationery Office in Stamford Street, London, is "The King George Hospital." It must not be confused with the King George V Hospital, which is at Dublin.

The beds at the disposal of the War Office have been rapidly filling up during the past week. The

recipients of many luxuries, which were readily shared with those who had none. Is it not possible, she asks, for residents in London to organize a system of "callers," whose duty shall be to see that those of our brave wounded, with friends afar, are cheered with a brief talk and whatever luxuries can be afforded? This good work needs consent from the War Office.

The accompanying illustration shows members of the nursing staff of the Hôpital Militaire, Fort Mahon, Somme, with one of its ambulances, for conveying the wounded to the hospital where some excellent work has been done, of which we hope to publish a report next week.



NURSING STAFF AND AMBULANCE, HÔPITAL MILITAIRE, FORT MAHON, SOMME.

splendid self-sacrifice of our ever glorious troops at the Front has resulted in a long death-roll, and thousands of men wounded; this, alas! is inevitable and most grievous, but so long as these splendid and brave men are not poisoned by cowards—to die in inexpressible agony—our women feel they can better bear the bitter burden laid upon them.

Have the soldiers in hospitals far from their homes need of friends? It would seem so in some cases. A lady writes that while visiting one of the large hospitals in London, she found that while many of our wounded were receiving "callers" the majority could not, because their friends were so far away. Those with "callers" were the

It is announced that £8,000 has been received for the funds of the Red Cross Society and the Order of St. John of Jerusalem as a result of Mme. Clara Butt's splendid concert at the Albert Hall last week.

Sir Frederick Milner is still going from hospital to hospital visiting wounded soldiers, and giving greetings from the King and Queen. We hear that at the General Hospital, Nottingham, he expressed pleasure at the happy and cheerful surroundings of the men. Some very charming temporary wards are being built in the grounds, to provide 150 more beds. At present, there is room for 114 soldiers, without encroaching on the usual number of beds for ordinary patients.

NIGHTINGALE DAY.

On May 12th, Miss Florence Nightingale's birthday, her statue in Waterloo Place, W., was wreathed around with flowers, and that placed at the base for the International Council of Trained Nurses, composed of glorious crimson roses, purple iris and palms, was sweet and lovely, and we feel sure the members grouped in National Councils all over the world, including that of Great Britain and Ireland, will be gratified to know that in their name due honour was done to the Founder of trained nursing. The card was inscribed "In Reverent Memory."

The National Union of Trained Nurses sent a tribute which reproduced their green star badge, with white narcissus and green leaves, as "A Tribute of Affection." The Nightingale Nursing School at St. Thomas's Hospital sent, "With Love from her past and present Sisters and Nurses," a simple and beautiful chaplet of roses and palm leaves. The London Sisters and Nurses sent four wreaths. Many prominent women's societies offered floral homage—journalists, teachers, and social reformers—all of whom share the reflected glory of her mentality.

COMMEMORATION MEETING.

On the evening of May 12th, under the auspices of the Women's Freedom League, a meeting was held at the Essex Hall to commemorate the ninety-fifth anniversary of the great woman who founded scientific professional nursing. Much regret was expressed by the chairman, Miss Anna Munro, at the unavoidable absence of Mrs. Bedford Fenwick and Mrs. Marion Holmes. She reminded her audience that meetings of Branches of the League to commemorate "one of the greatest women of the world" were being held simultaneously in Liverpool, Manchester, Glasgow, Middlesbrough, Cardiff, Edinburgh, Reading and other towns. Two of the speakers, namely, Miss Nina Boyle and Miss Townsend (Women Teachers' Franchise League) owned to allegiance to the memory of Florence Nightingale through inheritance; the fathers of both of them had been under her care during the Crimean War, and owed their lives to her. Miss Boyle spoke with her usual eloquence, and in her customary breezy and buoyant manner. Wreaths had been laid that day at the foot of the statue she said, but the authorities had refused permission to hold any ceremony. (This is quite in keeping with their stupidity and indifference in refusing permission for a ceremonious unveiling.) She voiced the opinion of many people in her adverse criticism of the statue; both the design and the way in which it was carried out showed a lack of inspiration. Miss Boyle emphasised the importance of Florence Nightingale's work as a *reformer*, and the difficulties she encountered.

She had the soul of the reformer, and withstood and overcame them. "Reformers are always disliked, there is always the crowd ready to cry crucify him, crucify him! and yet the reformer never dies. There never was an age or a time

when there were no reformers ready to face misunderstanding, ignominy and insult."

"She tackled such big things," remarked Miss Winifred Mayo of the Actresses' Franchise League. "She was never afraid of anything, she had such tremendous courage."

Surgeon-General Evatt, whom we all like to hear because he was an intimate friend of Florence Nightingale, moved the following resolution, which was carried unanimously:—

"That this meeting places on record its deep appreciation of the immense services rendered to the nation by Florence Nightingale, and the tremendous object lesson given by her in the value of women's work in all national affairs."

In a few impassioned words he spoke of the great admiration he felt for the character and work of this highly educated (and statesmanlike) woman who turned physicians and surgeons into health officers, and had a huge brain loaded with knowledge. It was left to Mrs. Fenwick Miller to point out what is apt to be overlooked—that she was a *great statesman*, and that no new Governor-General was allowed to go out to India without being first sent to Florence Nightingale to be taught his lesson, as long as her health and strength permitted. As was fitting at a Suffrage meeting, she reminded her hearers that she whose memory we were honouring was a Suffragist, and hers was one of the three or four names that always led a petition to the Government for Women's Suffrage. Several other speakers paid a fitting tribute of respect and honour, and the very interesting meeting terminated. We regret that more nurses were not present. B. K.

THE NATIONAL UNION OF TRAINED NURSES.

A very successful meeting of the National Union of Trained Nurses was held on Tuesday, May 11th, when Miss Eden and Miss Thurstan visited the Cambridge Branch.

By kind permission of Colonel J. Griffiths the meeting took place in the Recreation Room at the 1st Eastern General Hospital. There was a good attendance of members, and several of the staff of the Territorial Nursing Service were also present.

Miss Thurstan, who needed no introduction to Cambridge, received a hearty welcome, and gave a very impressive account of her experiences in Belgium and Poland; she also showed several interesting trophies from both countries, including a copy of the last paper printed in Brussels before the German entry.

Miss Newton, the Matron, then entertained everyone to tea in the delightful grounds of the Hospital, which is built on the open-air hut system.

A collection was made in aid of the Urgency Cases Hospital in France, and the Central Fund of the National Union of Trained Nurses, and it was unanimously agreed that a most enjoyable afternoon had been spent.

TRUTH WILL OUT.

In our issue of April 3rd, 1915, we asked the proprietors of the *Nursing Times* if the lady who edits that publication was the German lady known as Miss Swanhilde Bulau, who had lived in England under the assumed name of Bulau, and who was naturalised as a British subject on November 10th last. We stated that we considered that the nursing profession had a right to a straightforward reply from Messrs. Macmillan, the part proprietors and publishers of the journal in question.

A reply to this simple question was refused.

In our issue of April 17th we commented on this significant silence, and felt it our duty to add that we should be compelled to deal with the matter at length in a future issue.

On May 1st we remarked, under the heading "British Nurses Treated with Contempt," that Macmillan & Co. had had ample time in which to inform the Nursing Profession whether or no the Miss Bulau who edits the *Nursing Times* was a lady of German parentage of the name of Bulau who had been living in England under an assumed name, and who had been naturalised since war was declared. We also drew attention to the fact that this unprofessional alien was in close collaboration with the Matron-in-Chief of the Territorial Force Nursing Service, who has an office at the War Office. We pointed out that patriotic nurses and advertising firms were not compelled to subsidise a journal which might be controlled by a German lady. We advised British nurses no longer to tolerate the contemptuous silence of the proprietors of the *Nursing Times* on this vital question.

Thus for a whole month Messrs. Macmillan kept silence in their organ for nurses, and we could but draw the conclusion that they dare not answer our straight question with a simple Yes or No.

But the penny press does not depend for its profit on the halfpennies which filter into its coffers through the newsagent. Its commercial success depends upon the support of its clientèle of advertisers. If British nurses could be treated with contemptuous silence not so the British advertiser, and on May 10th Macmillan & Co. felt compelled to address a circular to the firms and others whose good money finances their paper.

We learn from this document that Miss Bulau, the editor of the *Nursing Times* "was naturalised as a British subject in New Zealand twenty-five years ago (1890)," and "Some time after the outbreak of war Miss Bulau, acting on the advice of the Colonial Office, decided to go through the formality of taking out letters of naturalisation in England, and this was accordingly done in November, 1914."

The facts are that Herr Bulau, a German subject, and father of the editor of the *Nursing Times*, was naturalised in New Zealand in 1890, but there was not sufficient proof when war broke out that his daughter was a British subject in England, and was not, in fact, still a German and

a subject of the Kaiser, and she was compelled, to avoid supervision, to naturalise under her own name of Bulau in this country.

We observe that in the Macmillan circular our question why has the Editor of the *Nursing Times* been working in England under an assumed name, is not answered, and as to this lady of German parentage deciding to conform to "the formality of taking out letters of naturalisation in England," she had no choice in the matter if she desired still to pose as a British woman. We refer her employers to the results of recent riots at home and abroad if they desire to realise how British-born subjects resent such insolent condescension on the part of persons of enemy origin.

THE TRUTH.

The truth is, therefore, that the untrained editor of the *Nursing Times* is a Miss Swanhilde Bulau, of German parentage and enemy origin, who was naturalised in England on the 10th of November, 1914, three months after the declaration of war, but who has not since been denaturalised in Germany, and her case, with others, will probably be considered by the tribunal to be set up by the Government to define the status of persons naturalised since the war.

We call upon the proprietors of the *Nursing Times* to make these facts clear to their readers and advertisers in the next issue.

APPOINTMENTS.

MATRON.

Military Hospital, Bristol.—Many nurses will learn with interest that Miss A. C. Gibson, for so many years Matron of the Dudley Road Infirmary, Birmingham, is to be Matron of a new Military Hospital at Bristol. Appointments on the staff will undoubtedly be very popular with former Birmingham Infirmary nurses.

NURSE MATRON.

Infectious Diseases Hospital, Seaham Harbour.—Miss Mary Annie Hood has been appointed Nurse Matron. She was trained at the Stockton and Thornaby Hospital, and the Wolverhampton Borough Hospital, and was District Nurse in Seaham for four and a half years, and Matron at Seaham Infirmary for two and a half years.

LONDON COUNTY COUNCIL.

The Public Health Department of the London County Council recommended to the L.C.C. at its meeting on May 11th, subject to her fulfilling the usual requirements, that Miss Agnes Elizabeth Maud Aston be appointed a school nurse in the Public Health Department. The vacancy is caused by the resignation of Miss A. C. Proctor.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Jane Davies is appointed to Gloucester, Miss Hannah Griffiths to Glossop, Miss Marion Hall to Dullingham, Miss Gladys Roberts to Christchurch, Malvern.

NURSING ECHOES.

Queen Alexandra, as patron of Queen Victoria's Jubilee Institute for Nurses, has appointed the Hon. Charles Rothschild and Mr. Laurence Currie as trustees, in place of the late Lord Rothschild and the late Lieut.-Colonel Sir Fleetwood Edwards.

Miss A. E. Hulme and Miss Beatrice Kent leave England for New York on the 26th inst. by the American s.s. *Philadelphia*, en route for the Nursing Conference at San Francisco, when they will carry the greetings of the National Council of Nurses of Great Britain and Ireland to the International Council of Nurses, as well as to our American colleagues. Many good wishes will go with them.

A conversazione for nurses was held in the Church Missionary Society's House, Salisbury Square, on May 14th, being one of the gatherings held to celebrate the jubilee of the Medical Mission work of the Society. In spite of the pressing claims upon all nurses at this time, there was a good attendance, practically all the large hospitals being represented. Numerous helpers were kept busy describing the various exhibits, which included models of mission hospitals at Peshawar (N. India), Mengo (Uganda), and Pakhoi (S. China), a large variety of drugs and instruments used by native "doctors" in different lands, and many curious charms worn to avert or cure diseases. The wooden legs such as are used in the leper hospital at Pakhoi, a particularly cruel-looking splint from Persia, and some bullets extracted from patients at Peshawar were also among the exhibits around which the nurses gathered. The very sight of these things was enough to show the tremendous need of Western medical and surgical aid in these distant lands, and this need and the call for nurses to help in the Mission Hospitals were emphasised by all the speakers. Dr. Beatty, of Tai-chow, China; Dr. Winifred Westlake, of Kerman, Persia; and Dr. Liliās Blackett, of Multan, India, all told of great opportunities not only for medical and surgical work, but for giving real spiritual help. Dr. Cook (Uganda) spoke of the life of a missionary nurse as one of strenuous work, where patience, sympathy, and cheerfulness are necessary qualifications, but also of successful work, which brings a great return in both professional and spiritual results. Perhaps the keynotes of the whole day's gathering were *need* and *opportunity*, and it is hoped that the increased knowledge gained may lead many of

those present to offer their services to fill some of the vacant posts, so that the work begun by the sending forth of one doctor to India fifty years ago, may grow and increase in usefulness year by year.

It was fitting that Brownlow Hill Infirmary, Liverpool, should commemorate the 50th anniversary of the commencement of Agnes Jones' great work for the reform of workhouse nursing, within its walls, and it is a curious coincidence that it should have fallen on the anniversary of the birthday of Miss Florence Nightingale, at whose suggestion she entered upon it.

At the public memorial service in the Infirmary Chapel the congregation included not only members and officials of the Select Vestry, but Matrons and nurses from many of the hospitals and institutions in the city. Many beautiful flowers were laid on and around the statue of Miss Jones in the chapel.

A more sympathetic preacher, for such an occasion, than the Bishop of Liverpool it would be impossible to find.

Dr. Chavasse selected as his text the words, "Be not slothful, but followers of them who through faith and patience inherit the promise." If, he said, it were the custom of the Church of England to canonise its saintly men and women, there was no one in modern times who deserved to be canonised more than Agnes Elizabeth Jones. And yet he supposed outside a very limited circle her name was hardly known. She passed to her rest when she was a few months over 35, and of those 35 years 32 were spent in preparation for her work, and less than three years in the work itself. Dr. Chavasse said that it was on the 12th May, 1865, that Agnes Jones began her work in that place, when nothing had been done for our workhouses, whose state at that time was lamentable. In less than three years, to quote Miss Nightingale's words, she reduced one of the most disorderly hospital populations in the world to something like Christian discipline, she trained 50 nurses and probationers, and she converted the Vestry to the conviction of the economy and humanity of nursing paupers by trained nurses. And finally, in Liverpool, with its bitter sectarian differences, she disarmed all opposition and sectarian jealousy, and High Church and Low Church, Unitarian, Nonconformist, and Roman Catholic, all literally rose up and called her blessed. The means by which she accomplished this was by her bright and sunny ways, her wonderful love, her genius for taking pains, and her trust in God. It was

while attending to one of the nurses who had contracted typhus fever she caught the disease, to which she succumbed.

A meeting of the Camberwell Board of Guardians was held last week.

Dr. Capes brought up a report from the Infirmary Visiting Committee, stating that at a recent examination of nurses held by Dr. H. French, physician to Guy's Hospital, 26 out of 29 qualified for certificates, the marks obtained by the successful candidates, both in oral and written examination, being over 50 per cent. The following nurses gained certificates:—Misses F. Whiteley, E. M. Onions, A. M. Shilling, A. E. Stacey, A. Gould, F. Sayell, D. V. Tassell, D. E. Howell, B. Hayward, B. A. Walker, C. M. Dingle, N. Armstrong, M. M. Forse, A. E. Jarvis, G. E. Taylor, R. E. Bentley, F. M. Oldfield, M. A. James, H. M. Bushell, C. A. Harvey, B. A. Tanner, M. H. Kelly, J. Verkyk, H. Osborne, E. Webster, and E. Wright.

The medal awarded by the medical superintendent for nursing ability and general efficiency was obtained by Nurse Shilling.

The Chairman, Councillor Sims, remarked to the assembled nurses that this was a field day, for the nurses' training school at the infirmary commenced in the year 1899; in the years that had elapsed since then, 276 nurses had obtained the certificates given by the school. It was very pleasant to know that amongst the 276 many had attained positions of great responsibility, and they had been, and were, doing splendid work. The good work the school had done was made possible because of the ability shown by the medical superintendent (Dr. Keats) and the Matron (Miss Marquardt).

Nurse Wood, of the District Workmen's Nursing Association at Bishop Auckland, has "come of age" in her devoted service to the poor of the town. How few there must be to whom the sight of Nurse Wood, cycling through the streets at all times, is not familiar. And how many there must be who have welcomed her approach to the bed of suffering, and felt devoutly grateful for her service and fidelity.

In her recent annual report of the work, it was shown that from the total number of 700 district nursing cases in the town and district, 511 had been cared for, no less than 8,765 visits having been paid. The report ends:—

"I would wish most gratefully to thank one and all, and this being the coming-of-age of my

work in Bishop Auckland rejoices me greatly, and I trust that our services for the town and district may continue to merit public trust and support and patronage."

We hope so too.

Lady Wimborne, the wife of the new Lord-Lieutenant of Ireland, is already showing great interest in hospital work, and recently paid a visit to "Mercer's." This interesting hospital is one of the oldest in Dublin, and stands on the site of the old Lazar House of St. Stephen. It was founded by Mary Mercer in the time of Dean Swift, who was one of the trustees of the original charter. Her father was Vice-President of the College of Surgeons and a Fellow of Trinity College, Dublin. The hospital is now fully equipped with all the latest appliances, including a new installation of Röntgen rays. The operating theatres are perfect in their construction. There is an admirable laundry worked by electric plant, in which all the hospital linen is washed. A Linen Guild has lately been established, consisting of ladies. The Guild keeps the hospital supplied with linen and blankets and all requirements of the kind. Handel's "Messiah" was first performed for the benefit of this institution in 1743, and a hundred years later, on the occasion of the centenary, Jenny Lind sang at a concert in aid of Mercer's Hospital.

We hope Lady Wimborne will come to personal touch with the trained nurses' organizations in Dublin, and learn from their leaders how necessary it is to define educational standards, and give the women who have worked conscientiously for it the protected title of "Registered Nurse" by Act of Parliament.

In past times when we have felt in drooping wing we have flown out and "given myself a present," usually a little bit of exquisite porcelain made by yellow men. In these times, of course, this form of indulgence is not permissible, but if any reader wishes to give another a gift, why not a copy of Poems by Rupert Brooke? In the noble sonnet sequence "1914," published a few weeks before his death, these lovely sonnets exult in the thought of death for England. Of those who have thus gloriously died, and every day are dying, he wrote:—

These laid the world away; poured out the red
Sweet wine of youth; gave up the years to be

Of work and joy, and that unhopèd serene
That men call age; and those who would have
been

Their sons they gave—their immortality.

ASYLUM WORKERS' ASSOCIATION.

At the Annual Meeting of the Asylum Workers' Association, held at 11, Chandos Street, London, W., on 10th inst., as we go to press, Sir John Jardine, K.C.I.E., M.P., President of the Association in the chair, the Annual Report submitted states that during 1914 some marked progress has been made with the Asylum Officers' Superannuation Act Amendment Bill. The Home Secretary, who had received a deputation on July 16th, promised that, subject to a few modifications, he would withdraw his opposition, but the sudden outbreak of war interfered with the further progress of the Bill at a time when its prospects were decidedly encouraging.

It is satisfactory that the Home Secretary has stated that he will not object to Visiting Committees treating active service during the present war as part of their Officers' Asylum Service, and pensionable under the Superannuation Act.

Dr. J. Farquharson Powell is to be Hon. Secretary, in succession to Dr. Shuttleworth, who has now finally relinquished the duties, greatly to the regret of the members.

MEDALS.

The Central Executive Committee of the Asylum Workers' Association awarded on April 28th, medals to the following candidates:—

GOLD.

Attendant L. Plumridge, of Moorcroft House, with 39 and 5-12ths years' continuous service in one Asylum.

SILVER.

Head Attendant T. Brooks, of Oxford County Asylum, with 38 and 7-12ths years' continuous service in one Asylum.

Head Nurse A. Brown, of Worcester County Asylum, with 27 and 2-12ths years' continuous service in that Institution.

BRONZE.

Head Attendant F. Neve, Plymouth Borough Asylum.

Charge Attendant T. Luscombe, Worcester County Asylum.

Deputy-Charge Attendant R. Blackburn, Lancaster County Asylum.

Head Attendant W. A. Moore, Woodilee Asylum.

Attendant A. Hall, Moorcroft House.

Charge Attendants J. McDonald, and D. M. Oliphant, Fife and Kinross District Asylum.

Head Attendant J. A. Carnegie, Ayr District Asylum.

SPECIAL GOLD MEDAL.

A special gold medal is awarded to Charge Attendant R. Slawson, who has, to his credit, 46 years' continuous service at The Coppice, Nottingham.

THE NURSING AND MIDWIFERY EXHIBITION.

The Annual Nursing and Midwifery Exhibition opened at the Royal Horticultural Hall, Westminster, on Tuesday, May 18th, and is continued throughout this week. As usual, a number of well-known firms are participating, but we missed some of those who are usually to be found there, for which the War is probably responsible. We understand that the Organizing Secretary, Mr. Ernest Schofield, recognised the position and preferred that the standard of former years should be maintained to increasing the scope of the Exhibition.

Of first-class firms who are using the Exhibition to bring their specialities before trained nurses, we may draw special attention to the following which should not be missed by nurses visiting the Horticultural Hall this week.

At Stand 3A MESSRS. W. H. BAILEY & SON, LTD., 38, Oxford Street, are showing many items of interest to nurses and midwives, including sterilizers, hypodermic syringes, rectal and saline apparatus, and antiseptic dressings and surgical appliances attractively displayed. The firm have an "excellent Midwives' bag, well fitted, extremely reasonable in price, and maternity nurses should ask to see and inspect one.

Stand 4A, VIROL, LTD., food specialists, 152-166, Old Street, E.C., are showing this well-known preparation, manufactured at the model premises in Old Street, also the headquarters of the Bovril business. Virol is proving itself of great value to expectant and nursing mothers, and through them to their infants; or it may be added to the milk of a hand-fed baby. Virol is also being widely prescribed in cases of nervous exhaustion and neurasthenia, as it provides the fat and other food elements necessary for such cases in a digestible and pleasant form. It takes rank as a concentrated food of the first value.

Stands 17A and 22A, MESSRS. LEWIS & BURROWS, Chemists, have many attractive features and a little knot of nurses is generally to be seen in close proximity listening to explanations of the various specialities. A British Eau de Cologne prepared in the laboratories of the firm is very popular. The "Penlite," an electric torch a little larger than a fountain pen, and costing 3s. 6d. should have a future before it, more especially for throat work, and the Empress Ice Flask for the manufacture of ice, is another of the newer specialities of this enterprising firm.

Stand 23A, THE DIGLAN PATENTS CO., LTD., 5, Plaintrain Place, Long Lane. The Diglan Hygienic Toilet Seat is a most practical, simple, efficient, and inexpensive appliance, which can be fixed in a moment to the seat in any lavatory, and is, as it claims to be, "an assurance of cleanliness, and an insurance against contagion. A pad of 50 sheets of paper cut in the right shape and impregnated with a disinfectant costing 6d., can be clipped on in six seconds, and the top sheet is removed before

use, leaving a clean and hygienic seat. It should be used by travellers, and in all public conveniences."

Stand 44A, THE STAINES KITCHEN EQUIPMENT Co. The "Easy" Portable Cup and Plate Racks exhibited at this stand are very convenient and compact in form.

Stand 45A, THE CHARLES H. PHILLIPS CHEMICAL Co., 14, Henrietta St., Covent Garden, W.C.—This firm are showing their Milk of Magnesia, a reliable antacid and aperient. Also Phillip's Digestible Cocoa which can be enjoyed by nervous and dyspeptic subjects when tea and coffee cannot be tolerated.

Stand 40A, MESSRS. SOUTHALL BROS. & BARCLAY, Ltd., Lower Priory, Dalton Street, and Dale End, Birmingham.—The centre of the stand of this well-known firm is occupied by a most attractive model showing the distribution of Vitafer—the scientific, all British, Tonic Food, prepared by the firm in their own works—in the war zone. Vitafer is a food which has won for itself a high place in the esteem of the medical profession from its intrinsic merit. Vitafer chocolate is the newest form in which it is supplied. We noticed at this stand a cot sheet, of acid proof and waterproof sheeting ready for attachment by means of tapes at each corner, and Southall's Nursery Cream, a dainty preparation for the prevention of redness and chafing. Southall's Accouchement Sets and Towels are of world-wide repute.

Stand 48A and 49A, CADBURY BROS., Bourneville.—Messrs. Cadbury are devoting their stall entirely to their "Cocoa Essence," which is sold at 1d. per cup. A sample of Mexican chocolate and of the essence is given with each cup. Demonstrations as to the correct preparation reveal how to obtain the best advantage from the essence. The Stand is, as usual, a very popular rendezvous, and the cocoa extremely appreciated.

Stands 53A, 54A and 47B, HORLICK'S MALTED MILK, Slough. At this daintily arranged stall the undoubted merits of an excellent food in a most agreeable form, palatable and easily digested, are explained by a staff of capable assistants. A glass of the milk proves most refreshing and sustaining. The tablets are specially designed for officers and men of H.M. Forces. The "Horlick" Feeder has a valve of solid glass and is in line with the most modern bottle. A new contrivance for making iced Malted Milk has elicited much praise, the process being very ingenious so that the ice does not touch the liquid. This forms a most invaluable and refreshing drink when permitted in fever cases. It may not be generally known, but Horlick's Malted Milk is served at the canteens of practically every military camp and training centre throughout the kingdom, and is also being served to a very large extent at the various bases of the British Army in France. Our fighting men recognise its value to them and wherever it is available there is always a rush for "Horlick's" after a strenuous day's work in the field.

Annexe A, THE GAS LIGHT & COKE Co., Horseferry Road, Westminster.—This firm has a very

complete exhibit comprising model bathroom, kitchen, dining room, and bedroom, in all of which coal fuel has been abolished. The whole shows the perfection, comfort, and convenience which can be attained when this method of heating and lighting is employed. The bedroom is fitted with an up-to-date nurse's gas fire, with a ring burner attached to the side which can be used for boiling a kettle, warming food, or for a bronchitis kettle.

Stand 1B and 2B, MESSRS. BROOKS & Co., Cloak Specialists and Nurses' Outfitters, 143-149, Borough High Street, London Bridge. This firm has an extensive display of its many models, including the Empire cloak, circular in shape which can be supplied at 12s. 11d.; the "Ena" apron, collar, and bonnet; suit-cases in all sizes and prices, from 1s. 6d. upwards in fibre, and 7s. 6d. in leather. Corsets also are supplied at as low a figure as 3s. 11d., while the "Abdo" reducing corset costs from 10s. 6d. to £2 2s. Full particulars of the various items in nurses' outfits are to be found in the new edition of the "Crown Catalogue," supplied on application.

Stand 3B, NEWTON CHAMBERS & Co., LTD., Sheffield. "Izal" preparations need little introduction to nurses, and their stall as usual is well arranged with great taste. "Kymol," a superior disinfectant and antiseptic, is of British make. Copies of "The Izal Rules of Health" are distributed, and incidentally it may be mentioned that these will be sent post free to any nurse who cannot visit the Exhibition.

Stand 6B, MESSRS. COLEMAN & Co., Norwich invite Nurses to test their well-known tonic wine "Wincarnis." This is a valuable tonic and restorative, whilst good results are directly traceable to its use, particularly in convalescence, under medical direction. It is a scientific combination of choice wine, extract of meat, and extract of malt.

Stand 8B, and 10B, THE HOSPITALS AND GENERAL CONTRACTS Co., LTD., Mortimer Street, W.—One of the most attractive stands in the exhibition is that of the Hospitals and General Contracts Co., Ltd., the colour scheme being a soft French grey and blue. Many of the excellent models to be found in the Nurses' Equipment Section, Mortimer Street, which we describe on page 449, are on view, and the exhibit is one which no nurse visiting the Exhibition should miss. The bedsteads and bedding supplied by the firm are of excellent value, and specimens may be seen in the Exhibition.

Stand 10B, THE BRITISH JOURNAL OF NURSING, 431, Oxford Street, W.—An interested knot of nurses is always to be seen at the stand of THE BRITISH JOURNAL OF NURSING, which, British throughout, stands for (1) thoroughly skilled nursing for the sick of all classes; (2) the efficient education of nurses; (3) State Registration of Nurses; and (4) just economic conditions for nurses. The editor, Mrs. Bedford Fenwick and Miss Beatrice Kent, Miss Macvittie, and other faithful supporters of the JOURNAL and the principles for which it stands—attend at the Stall, to give

information on these important questions. Other literature supplied through THE NURSING PRESS, LTD., is on sale; and in a conspicuous place, "A History of Nursing," by Miss M. A. Nitting and Miss L. L. Dock, is on view. The history, as most of our readers know, is published by Messrs. G. P. Putnam's Sons—who are also the publishers of "Field Hospital and Flying Column," by Miss Violetta Thurstan, which is just now attracting so much attention.

Stands 11B and 16B, "EUCRYL" & "LYCRYL," 61, Lant Street, Southwark.—A neat stall at which is shown "Eucryl" Tooth Powder and "Eucryl" Tooth Paste. These two specialties, which enjoy a great popularity, are scientifically prepared without the use of the hands. "LyCRYL," the all-British Lysol, is an ideal antiseptic fluid for the sick room or hospital. It possesses the advantage of being harmless to the hands, is freely soluble in water and does not corrode instruments.

Stand 13B, KEEN, ROBINSON & Co., LTD., Denmark Street, St. George's-in-the-East, E., display their two well-known specialties—Robinson's patent "Barley" and "Groats." "Barley" water is a favourite drink and it is a proved fact that Robinson's Patent Barley enhances its value, and is much to be preferred to Pearl Barley in its preparation. In addition, Colman's Bath Mustard, improved plasters, and well-known oil are supplied by the firm.

Stand 14B, "GOSPO," LTD., 33, Waterloo Road, S.E.—Here is shown "Gospo," the ideal antiseptic cleanser, which has won popularity wherever it has been tried. Visitors, hospitals and institutions will doubtless make a point of testing an article which is more economical and convenient than ordinary soaps, and when once used is always used. Hospital Sisters speak enthusiastically of its merits and many would do so on account be without it.

Stand 25B, Oxo LTD., Thames House, E.C.—Oxo is well known to Nurses, and this excellent fluid Beef is obtainable for a 1d. and 3d. per cup. Oxo cubes are a most convenient form of this preparation. They are composed of beef extract and beef fibrine in concentrated form. A neat little Union Jack for the buttonhole and a portrait of Sir John Jellicoe are among gifts to nurses at this stall.

Stand 26B, MESSRS. J. E. INGRAM & SON, Hackney Wick, N.E.—This exhibit of high-grade rubber goods will well repay a visit. Here may be seen the "Agrippa" Patent Band Teat and Valve for boat-shape feeding bottles—and their obvious advantages noted. Also a large range of seamless enema syringes—the prices of which range from 2s. 6d. to 5s.; acid-proof bed sheetings, and other useful and interesting articles. The rubber productions of this firm are sterilizable by boiling.

At Stand 37B MESSRS. CHARLES ZIMMERMANN & Co. (CHEMICALS), LTD., 9 10, St. Mary-at Hill, E.C., are showing this well known antiseptic. Other preparations are Lysol 10 per cent. Surgical Soap, Lysoline—Lysol hair tonic—and a new antiseptic liquid dentifrice called Pascarel, sup-

plied in bottles with sprinkler tops. "Lysol" Petroleum Jelly has been the subject of review in our columns, and all interested in midwifery should make a particular point of observing the undoubted valuable properties of this and other Lysol preparations.

Stands 43B, 44B and 45B, THE MEDICAL SUPPLY ASSOCIATION, 167-173, Gray's Inn Road, W.C.—This well-known firm has a varied and inclusive display of medical and surgical requirements, including some new models in douche cans, of British make; also British-made feeders, the "Portia" British-made Baby Scale, reliable rubber gloves, and a celluloid unbreakable medicine glass. Macdonald's Steam Sterilizer was awarded the "Gold Medal" at the Medical Congress, 1913. This sterilizer is produced as a cheap, extremely simple, and absolutely efficient means of sterilizing and drying dressings, and a large number have been installed in many hospitals and nursing homes all over the country.

WHERE TO SHOP.

Nurses are exceptionally busy people. Moreover, those in institutions live according to rule, and have to be on duty to the minute. It is very essential therefore that shopping should be made easy for them, and from time to time we have pleasure, as at present, in directing attention to establishments or special articles likely to be acceptable and useful to them.

HOSPITAL SUPPLIES.

Matrons of hospitals and infirmaries and Home Sisters should note that Messrs. Harvey Nichols & Co., Ltd., of Knightsbridge, S.W., provide, at moderate cost, hospital supplies of all sorts, linen, blankets, feather pillows, dressing-gowns and jackets, shirts, &c. Inspection is invited.

BOVININE.

A restorative of nutritive value is to be found in Bovinine, which is also a pleasant and refreshing beverage. It can, with advantage, be added to barley water, soda-water and other invalid drinks, and when iced is much appreciated and readily taken. The agents are W. Edwards & Son, 157, Queen Victoria Street, London, E.C.

CHILPRUFE.

The value of pure wool underclothing needs no emphasis to nurses, and amongst the fabrics which claim attention Chilprufe should be noted. It is easily washed, unshrinkable and durable, and may be had in a variety of weights and colourings from the Chilprufe Manufacturing Co., Leicester.

NURSES' UNIFORMS.

The spring days are apt to discover that uniforms which we thought sufficient are shabby and need renewal, and it should be a point of honour with all nurses to keep their uniform spruce and immaculate. Under such circumstances Messrs. Garrould, 150, Edgware Road, W., can quickly put the matter right, as a visit to their establishment, or the study of their catalogue will prove.

A NEW NURSES' EQUIPMENT SECTION.

Many nurses who find it convenient to shop at the Hospitals and General Contracts Co., Ltd., in Mortimer Street, W., will learn with pleasure that the firm, having acquired the lease of Nos. 10 and 21 Mortimer Street, have opened them as an up-to-date Nurses' Equipment Section, and those who pay it a visit will realize that under the experienced and alert supervision of Mrs. Batchelor it is likely to be as popular and widely patronized as the other sections of this well-known establishment. Those whose professional duties or distance from town do not permit them to pay a personal visit can be supplied with a self-measurement form so that cloaks, and uniform dresses can be made to suit their requirements at short notice and moderate charges. Thus uniform dresses are made to measure in striped zephyr from 12s. 9d., and in linen from 17s. 9d., and circular cloaks from 13s. 9d. Bonnets, of which we saw several becoming models, can be obtained from 6s. 3d. Well cut and made aprons are supplied in long cloth, with a round bib, from 2s. 3d. There is also a union apron with square bib, straps and pocket at 2s. 3d., and a linen apron, the "Alton," supplied to Lord Mayor Treloar's Hospital at Alton at 2s. 11d. A cotton overall is made at the extremely moderate price of 3s. 11d., and caps to match covering the hair at 1s. with outside stirrings.

In collars the "Robespierre" in a good quality linen is a favourite, and another in lawn costs 6jd., or with cuffs to match, 1s.

The department also supplies hosiery and woollen and other underwear, so that it will be realized, it is very complete.

It may also be noted that neat well-cut blouses in Jap. silk and tussore, with turn-down collar, are to be obtained for the very moderate price of 10s. 6d.

A BRITISH MADE INSTEP SUPPORT.

The strenuous work entailed in nursing the sick and wounded makes great demands upon the feet which carry Sisters and nurses all day long about the wards in the discharge of their duties. Aching and tiredness are common symptoms, and any aids which help to combat these are worthy of all consideration.

A sure and certain help, where there is strain on the arch of the foot, is an efficient Instep Support. It enables the wearer to go through a long and hard day's work with a minimum amount of discomfort. What is known as Holland's Patent Foot Support, an entirely British production throughout, with a good reputation behind it for springiness, flexibility and lightness, can be thoroughly recommended and worn with ease in any boot or shoe. A card to the makers, Messrs. Holland & Son, 46, South Audley Street, London, W., will bring a booklet dealing with the subject. No nurse in these days of stress and strain can afford to neglect her feet.

OUTSIDE THE GATES.

"Beware of the anger of a patient people," exclaimed a king of England who proved himself a student of men. We are a patient people, and it is not to our credit that it has taken the most appalling crimes committed by a nation at war to rouse our furious anger. But during the past week men and women of all classes have risen in their wrath, swept the Government off its apathetic feet, and compelled it to take action for our safety. The alien enemy in our midst, living here in comfort and luxury, whilst our dearly beloved are dying gallantly for England, in their virile youth and glorious patriotism, are to be rounded up and interned—of course with "loopholes," around which it must be our national duty to entangle the barbed wire of public opinion. St. George's Chapel, the cradle of chivalry, is swept and garnished, the banners of false knights have been removed, and their names no longer degrade the Roll of the Order of the Garter.

La grande Juiverie, of German antecedents, in our Privy Council and elsewhere, are wisely making a flank movement, and the patient people feel they have done a good week's work.

There is to be a "Motherhood Matinee," in aid of the Women's League of Service on Tuesday, June 1st, at the Haymarket Theatre. Two new one-act plays will be given, and the second part will consist of tableaux of "Motherhood" and "Motherland," designed and arranged by Mr. Byam Shaw.

The Hon. Maude Stanley last Saturday resigned her membership of the Metropolitan Asylums Board, with which she has been associated for over thirty years. She was one of the first lady members, and although not very progressive in her sympathies she has performed her duty with dignity and good conscience.

To enable women to help in the present national emergency and demand for helpers in market, nursery, and private gardens, by undertaking work with a view to increasing the food supplies, special short courses, on entirely practical lines, have been arranged at the Horticultural College, Swanley, Kent. Students are taught the elements of vegetable growing and market gardening, including preparation of the ground, digging, hoeing, &c., seed sowing, planting, and thinning of crops. If desired, instruction can also be given in growing market crops under glass, and intensive methods of cultivation, also packing and marketing of produce. Lectures on practical gardening are given in connection with the course. The fees for tuition, board and lodging are £6 for four weeks and £8 for six weeks.

The Belgian cookery scheme should prove of very great use in this country, where cooking amongst the poor is often very unscientific and

unappetising. Classes are being arranged at the Passmore Edwards Settlement, 36, Tavistock Place, for good class (at the same time economical) cooking by a Belgian Teacher who holds the highest diploma in the Ecole Ménagère at Brussels. She will make a speciality of omelettes, soups, vegetables, salads, and various dishes known only to Belgian and French cooks. The fee for six lessons will be 15s. 6d., and information can be obtained from 80, Onslow Gardens, S.W.

Joan of Arc's Festival in Paris was somewhat restricted on Monday, because of the War. Catholics were not asked to hang out the Church flag, which is usually a feature of this anniversary, because such demonstrations are to be reserved for victory—sure to come. M. Maurice Barrès, with the League of Patriots, visited the two statues of the Maid in front of the Church of St. Augustine, and in the Place des Pyramides, and the flowers laid around their bases were perfectly magnificent. As soon as War is over, no doubt the official Joan of Arc Day will be proclaimed. The glorious Maid is the greatest national heroine the French nation or any nation can ever possess, and her fame is rapidly becoming a world cult.

MAY.

The dog-wood flings her blossoms out

Like stars amidst the pines,

The sun upon the distant hills

Like burnished copper shines;

And oh, if there were not a thing

In all the world to do

Except to go a-Maying in

The sweet wild woods with you.

BOOK OF THE WEEK.

"A BRIDE OF THE PLAINS."*

This book is dedicated to the memory of Louis Kossuth, and in the dedication the authoress cries out to the dead patriot and asks him: "What would you have said now had you lived to see your country tied to Austria's chariot-wheels, the catspaw and tool of the Teutonic race which you abhorred?" This Hungarian tale should be of special interest at the present time. The scene is laid in a village close to the Maros. "The sharp, cracked sound of the Elevation bell breaks the silence of the summer morning. The good Pater Bonifacius is saying Mass; he, at any rate, is astir and busy with his day's work and obligations. Surely it is strange that at so late an hour in mid-September, with the maize waiting to be gathered in, the population of Maroszlava should be still absent from the fields! Hej! But, stranger, what would you? Such a day is this Fourteenth of September. What? You did not know it? The Fourteenth of September, the ugliest, blackest, most God forsaken day in the whole year! What kind of a stranger are you if you do not know that

on this hideous day all the finest lads in the village are taken away to be made into soldiers by the abominable Government? Three years! Why, the lad is a mere child when he goes—one-and-twenty on his last birthday, bless him! still wanting a mother's care of his stomach, and a father's heavy stick across his back from time to time to keep him from too much love-making. Three years! When he comes back he is a man and has notions of his own. Three years! What are the chances he comes back at all? Bosnia! Where in the world is that? My God, how they hate it! They must go through with it, though they hate it all—every moment. They hate to be packed into railway carriages like so many dried heads of maize in a barn . . . and the rude alien sergeant with his 'Vorwärts!' and 'March!' and 'Rechts!' and 'Links!' I ask you in the name of the Holy Virgin what kind of gibberish is that?"

On this particular fourteenth of September, Andor is due to go, and on the eve preceding it, at the village merrymaking, when the whole population spends its last happy four and twenty hours trying to forget its hideous morrow—he tokens himself to Elsa the village beauty. "Ten or a dozen cotton petticoats are tied round that slim waist of hers, no two of a like colour, and as she twirls and twirls in Andor's arms, the petticoats fly out till she looks like a huge flower of many hues. It is Elsa and Andor that everyone is watching. He is tall and broad-shouldered with the supple limbs of a young stag, and the mad irresponsible movements of a young colt." We can well understand how this young couple dread the morrow, which comes all too soon.

They are at the station now, the last bell has sounded. For each lad only one girl! and there she is at the foot of the carriage steps, a corner of her ribbon, or handkerchief or cotton petticoat stuffed into her mouth to prevent herself from bursting into sobs.

It is a chapter full of vivid colour and pathos that Baroness Orczy has drawn of the conscription. And after a space there comes no news of Andor, and Elsa is forced to betroth herself to the wealthy and sinister Béla. She was placed in the terrible alternative of either being faithless to Andor or disobedient to her mother. It is characteristic of that part of the world that of the two sins thus in prospect the latter seemed by far the more heinous.

On the eve of the wedding Andor suddenly reappears, and is indirectly concerned in the assassination of Béla which takes place the same night.

The story begins and ends with festival mingled with tragedy and it is in the drawing in of such scenes that the authoress excels.

"A Bride of the Plains" is widely different to Baroness Orczy's later works, and though it does not keep our imagination on the stretch as have done its predecessors yet it does not lack interest and will be appreciated by her many admirers.

II. H.

* By Baroness Orczy. Hutchinson & Co., London.

COMING EVENTS.

May 20th to 22nd.—General Lying-in Hospital, York Road, S.E. Third Post-Graduate Week for Midwives.

May 26th to 22nd.—Eighth Annual Nursing and Midwifery Exhibition, Royal Horticultural Hall, Westminster, S.W.

May 21st.—Association of Inspectors of Midwives: Annual Meeting, Royal Horticultural Hall, Vincent Square, Westminster. Morning Session, 11.0 a.m.; Afternoon Session, 2.30 p.m.

May 26th.—Trained Women Nurses' Friendly Society: Annual Meeting, 431, Oxford Street, London, W. 5.0 p.m.

May 26th.—Central Midwives Board. Caxton House, Westminster. Penal Board 11.30 a.m.

May 27th.—Central Midwives Board. Caxton House, Westminster. Penal Board 11.30 a.m. Monthly Meeting 3.30 p.m.

May 27th.—St. John's House Nurses' League: General Meeting, St. John's House, 12, Queen's Square, Bloomsbury. 3 p.m.

CONFERENCE DAY, JUNE 17th, 1915.

A Day's Conference, convened by the National Council of Trained Nurses, will be held on June 17th, at the Rooms of the Medical Society, 11, Chandos Street, Cavendish Square, London, W. The Morning Session will be devoted to Papers on the "Duty of the Trained Nurse in War," when a Resolution on the State Registration of Trained Nurses will be submitted, and the need for a Trained Nurses' Economic League will be discussed.

Mrs. Walter Spencer has most kindly invited those attending the morning session to luncheon at 2, Portland Place, W.

At 3 p.m. the Afternoon Session will open, the Papers to be grouped under the heading of "The Place of the Imperial Mother in Peace and War."

Mrs. Bedford Fenwick, the President, will give the opening address on "A Scheme for Social Service in relation to the Soldier: (a) Scientific Domestic Management; (b) Personal Hygiene; and (c) Preventive Nursing." Each of these Sections of Service will be subdivided, and supported by experts.

Before the Meeting closes, Mrs. Fenwick will propose the organization of a new secular Order of Sisters, to make it possible for women of the nation to perform their duty in relation to the Navy and Army in peace and war.

Tickets (free) for the Conference can be obtained at 431, Oxford Street, London, W.

BEATRICE CUTLER, *Hon. Secretary.*

WORD FOR THE WEEK.

Sow good services; sweet remembrances will grow from them.—*Madame de Staël.*

When the power of doing well is equal to the will,

The soul desires no other Heaven.

—*Percy Bysshe Shelley.*

LETTERS TO THE EDITOR.

"Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents."

MORE TRAINED NURSES NEEDED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have read—and read again—the fourth paragraph on page 363 of your paper for May 1st, and cannot but think that the Commandant acted wisely in placing the trained nurses on night duty, especially if there was no resident doctor or other male official.

The sick are often cases of acute pneumonia; the wounded have need of a dresser; and a good nurse has ample scope for doing much that is desirable for the benefit of the institution; and now that the evenings are long and the day dawn is so early, it takes more than an inexperienced youthful lady to control and satisfy a considerable number of invalided men.

Pardon me, please, for writing, but your paragraph made me thoughtful.

Yours truly,

MONA KER, M.R.B.N.A.

The Red Cross Hospital,
Christchurch, Hants.

"We quite endorse our correspondent's view that patients require much nursing at night, but if there are only two trained nurses, then certainly one should be on day duty and one on night duty—and we think this should be explicitly stated to Commandants by the War Office, as these officers are usually untrained and have no knowledge of nursing requirements.—Ed.]

THE MARKET VALUE OF SKILLED NURSING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It is no use discussing the market value of skilled nursing in England. Anybody can play battledore and shuttlecock with our prices. We must all go as we please, and the devil take the hindmost, until we have legal status; that is the lesson E. M. Parker makes quite plain in her letter last week. In this country we subsist on patronage; in New Zealand, a People's Parliament governs, and looks after the interest of the community as a whole.

Yours, &c.,

A NEW ZEALAND TRAINED NURSE.

NO NATIONALITY IN NURSING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I fear you are a little sanguine concerning the feeling of German nurses towards our wounded—or indeed towards English people. I have recently had reported to me in this office that a nurse purporting to be of Swiss nationality (but suspected now of being German) rejoiced openly at a private case at the sinking of the *Lusitania*,

and had to be got rid of. This inhuman woman, of whatever nationality, was certainly unworthy of being a member of our profession.

I am, yours truly,

SECRETARY NURSES' CO-OPERATION.

[We hope the police have been informed of this incident, also it would be interesting to hear from which nursing institution the nurse was procured.—ED.]

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have recently returned from France, where in our hospital many wounded German soldiers were nursed. They were treated both by doctors and nurses with the utmost attention, and many expressed themselves very grateful. I agree with you, that there is no nationality in nursing—indeed, the more difficult it is to do one's duty to one's sick and wounded enemy the more necessary it is one should perform it conscientiously and to the best of one's ability. It would be a sad day for our humanising work if its quality was to be influenced by any but the highest motives. I have sat by the agonising deathbeds of several Germans of the rank and file—they died in the faith that they had fallen patriotically and died gloriously for their country. Can we blame these ignorant men? The blame for this ghastly war, with all its horror and grief, must be sought elsewhere, but not from the fallen rank and file. They obeyed orders, and thousands have suffered torture and death in so doing, even if they have inflicted it on others. Whatever we nurses do we must not become bitter or narrow. As you say, "Hymns of Hate are not for us."

Yours sincerely,

A READER FOR MANY YEARS.

[We think this letter breathes the right nursing spirit.—ED.]

THE IMPERIAL MOTHER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I must give thanks specially for one line in last week's fine editorial on the Imperial Mother—"Nor need the Imperial Mother of necessity be the mother of men. Her country is her child, on which it is her pleasure to lavish her deepest love and devotion." Thousands of unmarried women like myself feel that way, and we are, specially we nurses, enjoying the sincerest pleasure in working for our country. I believe there is nothing the majority of women would not do at this crisis for passionate love of England. Once you wrote something about the *passion of domicile*; now that passion is experienced by many. I am recently back from France; when I landed I wanted to kneel down and kiss the ground, and every leaf and flower and blade of grass, and grain of earth seems sacred. I hope I may be able to attend the meeting at which the role of the Imperial Mother is to be defined; it is a lovely title, to which all good patriots may lay claim.

Yours truly,

Q.A.I.M.N.R.

NOTICES.

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps for service in France can be interviewed by arrangement with Lady Barclay, 60, Nevcrn Square, London, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Friday, May 21st, from 2.30 to 5 p.m., to see candidates, who must be well educated and hold a certificate for three years' training. Experience of fever nursing is an additional advantage. Nurses speaking French are preferred.

OUR PRIZE COMPETITIONS.

May 20th.—Give three essentials in the nursing care of the mother during the first week of the puerperium.

June 5th.—Describe the disease known as black measles, and how to nurse it.

Competitors for our Prize Competitions are asked to note that their papers, endorsed Prize Competition on the envelope, must reach the editor at 20, Upper Wimpole Street, W., by the first post on Monday morning each week, otherwise they are too late to compete for the prize.

SOCIETY FOR STATE REGISTRATION OF TRAINED NURSES.

The object of the above Society is: To obtain an Act of Parliament providing for the Legal Registration of Trained Nurses, so as to obtain for them the protected title of "Registered Nurse," and thus distinguish qualified from unqualified nurses. Every nurse holding a certificate for three years' general training should join the Society. Apply to the Hon. Sec., 431, Oxford Street, London, W.

WHERE TO GET THE B.J.N.

If unable to procure THE BRITISH JOURNAL OF NURSING through a newsagent, the manager desires to be informed of the fact. Copies can always be procured at the office, 431, Oxford Street, London, W., and through Messrs. W. H. Smith & Son, in England; Menzies & Co., Glasgow, in Scotland, and Fanning & Co., Dublin, in Ireland.

NEW SUBSCRIBERS.

The Editor hopes that every reader who values THE BRITISH JOURNAL OF NURSING will interest friends and get new subscribers, so that its constructive work for the profession and the public may receive ever-increasing support. The Editor, staff and advertising manager are ALL BRITISH.

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

The Midwife.

EAST END MOTHERS' LYING-IN HOME.

Queen Amelie of Portugal was present at the Thirtieth Annual Meeting of the East End Mothers' Lying in Home, which took place on Wednesday, May 12th, at 309, Commercial Road.

Always a pleasant little function, the Meeting this year was particularly happy and very well attended.

The chair was taken by Dr. Owen Lankester, Chairman of the Home. He was, he said, proud

husband, whose wife was brought into the Home at the point of death, but thanks to the care she received, left it a month later, well, and with a "bright little daughter." Another mother who has been a patient many times (each confinement being worse than the last) compares Miss Anderson to Lord Kitchener. "He has done wonders for the men," she writes "and Miss Anderson has done wonders for us women. She understands each one and thinks for all." With a few charming words of thanks to the Medical Officers and the



EAST END MOTHERS' HOME.
MISS ANDERSON, MATRON, STAFF AND PUPILS.

to welcome Her Majesty Queen Amelie, and his Committee fully appreciated the honour paid to them and the Home by Her Majesty's presence there that afternoon. Dr. Lankester reported another most successful year's work, and spoke of the improvements made in the Home since the last Annual Meeting. He was unstinting in his praise of Miss Anderson, the Lady Superintendent, to whom, in a great measure is due the success of the Institution not only as a Lying-in Home, but as a training School for Midwives and Maternity Nurses. He asked permission to read two of the many appreciative letters which are being constantly received. One was from a grateful

Nurses who have worked so cheerfully and untiringly for the sake of the 1,545 mothers attended last year, the Chairman concluded his speech.

Queen Amelie, who was received with great applause, proposed a resolution recommending wider financial support for an Institution so eminently deserving. She wished she could express all the sympathy and deep admiration she felt for the work of love and mercy carried on in the Home. The difficulties had been increased by this awful and glorious war. Help is needed for the wife while her husband is fighting, and for the young lives, which later on must take the place

of so many laid down for the cause of civilisation, liberty, and humanity.

The Hon. Mrs. Manrice Glyn seconded the motion, and spoke in glowing terms of the value of the Home to the mothers of East London. In it they obtain rest and comfort and the attention it is impossible for them to get in their own small homes. That the attention is appreciated this little story shows. While the meeting was in progress a mother came to ask for a card of admission as an In-patient. She was told she had come at the wrong time and to come again the next day. She replied, "Please, Miss, can't you give me my card now, my husband went away to the Front this morning, and his last words to me were: 'Now, mate, you go and fix up with the Nurses, and I shall know that you are all right.'" As a centre of teaching where the mother can learn to take care of the precious lives entrusted to her the home is doing yeoman service. Mrs. Glyn also had a kind word for the Nurses, who she said, were doing as great a work for their country as their sisters at the Front. To care lovingly and skilfully for the wives of our soldiers and sailors, to take care of the soldiers' and sailors'—and civilians' babies, and to give them a good start in life, is surely a noble work for any woman, and should recompense her for long days and nights of hard anxious work.

A cordial vote of thanks to her Majesty Queen Amelie brought the formal proceedings to a close. The visitors were then entertained to tea, after which they spent a most enjoyable time amongst mothers and babies.

Queen Amelie spoke graciously to all the mothers and noticed every baby. Two babies came in for special attention. One aged 4 hours and weighing $9\frac{1}{2}$ lbs. and another premature person of a week old, who although she weighs 6 ozs. over her birth weight, now only turns the scales at $3\frac{1}{2}$ lbs. Her Majesty took her departure amid the cheers of a crowd, who, by some instinct had learned that a Queen was amongst them. There was no mistaking the sentiments of the East-enders, for although at that moment some were doing their best to break shop windows a few yards away, those round Queen Amelie's carriage bared their heads and threw kisses. One old fellow, overcome by many emotions, kissed Her Majesty's hand and shouted as the carriage drove off: "We will make the Germans pay for you, Lidy."

The Mothers' Home has been called an "Oasis" in the middle of dusty Commercial Road, and the description suits it admirably. One felt quite sorry when it was time to leave. The gardens are delightful, and the Wards on Wednesday looked specially cool and dainty with the green walls and rows of white beds each with a white cot at the end. Smiling mothers, contented babies, and masses of beautiful Spring flowers completed as pretty a picture as one would wish to see.

Great credit is due to Miss Anderson and her staff in organising and carrying out such a very excellent work.

MIDWIFE'S APPEAL ALLOWED.

In our last issue we reported the proceedings in the High Court of Justice, in the case of *Stock v. the Central Midwives' Board*, and that judgment was given for the midwife; but we were unable to publish in detail the proceedings on Wednesday, May 12th, when Mr. Eales appeared for the appellant, and Lord Robert Cecil, K.C., and Mr. Theobald Mathew for the Board.

Mr. Eales contended that misconduct under Section 3 [5] of the Act, and the rules made in connection with it, did not affect the private character of the midwife, and that the Board ought not therefore to have had found her guilty of misconduct. Also—and here he made a strong point—she should have been supplied with a copy of the evidence against her which was before the Central Midwives' Board on October 22nd.

Lord Robert Cecil also made a strong point when he contended that although it was a judicial body the main function of the Central Midwives' Board was to provide trustworthy midwives. Further, that a midwife of bad character, if called to attend a married woman, might corrupt the husband, and the knowledge that she was of such character might have a bad effect on the wife. It could not be right that the official certificate should be given to a woman of bad repute.

In summing up, the Lord Chief Justice—after reviewing the case, which arose on a charge of misconduct against the midwife in cohabiting with a man who was not her husband—emphasised the right of the midwife to appeal, and the duty of the Court to see that justice was done. He further pointed out that notice was given to the appellant of the adjourned inquiry in October, but she did not appear. The Board met in her absence, and had before them a report, which the Court now knew to have been inaccurate. The Board came to the conclusion that the midwife had not told the truth in regard to her husband and children, and removed her name from the Roll.

The Lord Chief Justice held that the term misconduct in Section 3 of the Act was not limited to the discharge of the duties of a midwife. He did not wish it to be thought that the Board was wrong to come to that conclusion. Each case must be decided on its merits, and the Central Midwives' Board was a body competent to form conclusions.

Under the Rules of the Board, the evidence submitted to it should have been verified by Statutory Declaration, and the midwife should have been supplied with a copy of the Declaration. This was not done, and it was a serious matter. The Board should strictly comply with its own rules, and the omission was fatal to the case. The appeal must be allowed, with costs.

Mr. Justice Avory and Mr. Justice Lowe concurred. The former remarked that the feelings of patients had to be considered. He thought the result would be mischievous if lying-in women were attended by women of immoral life.

POST GRADUATE WEEK.

Post graduate week at the General Lying-in Hospital, York Road, S.E., is now a well-established and much appreciated annual event—the present week, which began on Monday, May 17th, being the third. A large number of certified midwives registered as members.

MONDAY.

The proceedings began with a reception by the Matron (Miss F. Watkins) and staff, and tea in the hall of the hospital—the weather being too uncertain to permit of its being served in the garden. Sister Olive, as Hon. Secretary, was in much request—and her cap, put on in orthodox York Road fashion, covering all the hair, and its stork, embroidered in blue, on the point at the back, was seen in all directions.

At five o'clock, the business of the week began with an interesting lecture by Dr. Monckton—a former R.M.O.—on the "Toxæmia of Pregnancy." He divided his subject into toxæmia by chemical means, and poisoning due to microbes.

In the first class he included eclampsia, and the group of illnesses due to the presence in the pregnant uterus of the products of conception; and enumerated the symptoms which should make midwives on the alert. Other diseases in this group were pernicious vomiting and insanity with or after labour.

The most common microbial complications were, he said, caused by the bacillus coli.

TUESDAY.

The first item on the programme for Tuesday was the Clinic in the Ward by the House Physician. Some of the cases chosen were (1) A contracted ricketty pelvis, the mother having been delivered by Cæsarean section; (2) a case of Accidental Hæmorrhage—the method and action of De Ribes' bag in this case and also in that of Placenta Prævia, were explained; (3) a case of septic endometritis, occurring in a Belgian mother. The usual treatment of douches and washing out the uterus, having failed in their effect, the patient was injected with an antiseptic coccus vaccine, which had the immediate effect of permanently reducing the temperature.

The premature twins—a boy and girl—looked very quaint in their knitted bonnets, one of pink and the other blue.

In the afternoon, the post graduates divided into three parties, for the purpose of visiting Queen Charlotte's Hospital, the East End Mothers' Home, and the Salvation Army Maternity Hospital at Hackney. At Queen Charlotte's, the party was received most kindly by the Matron, and escorted round the wards by one of the Sisters. Many interesting cases were shown, including Cæsareans and Eclampsia. The centres of interest were, of course, the Belgian mothers—one of whom expressed great satisfaction with her treatment. She had "*beaucoup de soins*." Another Russian mother and Belgian father—the latter sitting by

his wife and the little babe sleeping in its cot—formed a sort of triple alliance. The infants in this hospital have a damask towel folded round the head inside the flannel, as it is considered more cleanly and also prevents the fluff from the flannel from getting into their eyes. The party also visited the Preliminary Training School.

A very interesting afternoon was concluded by a delightful tea, presided over by the Sister-in-Charge.

THE CENTRAL MIDWIVES BOARD.

APRIL EXAMINATION.

At the examination of the Central Midwives' Board, held in London, Birmingham and Bristol, on April 22nd, 1915, 378 candidates were examined and 300 passed the examiners. The percentage of failures was 18.2.

LIST OF SUCCESSFUL CANDIDATES.

LONDON.

City of London Lying-in Hospital.—A. A. Alderton, R. Barnes, M. G. Bushby, J. C. Clarkson, M. E. L. Cock, A. O. Flamank, E. S. George, L. G. Hards, F. L. Lewis, E. S. Macmillan, C. Oakey, C. L. Pate, E. A. Paul, E. E. Pepper, R. Koper, V. E. Selve.

Clapham Maternity Hospital.—O. M. Cole, E. V. Eckhard, L. E. P. Harris, M. Hirst, E. Johnson, E. M. Russell, K. S. Waterman.

East End Mothers' Home.—M. L. H. Browne, A. Carter, E. M. Constable, N. M. Ellis, K. M. Feaver, J. A. Hnll, M. M. M. Leyne, M. O'Flaherty, E. H. Rankin, L. Watkins, C. D. White.

Edmonton Union Infirmary.—K. R. Smith.

General Lying-in Hospital.—E. B. Andrews, E. E. Ashdown, M. Astell, A. E. Atkins, M. E. Atkins, M. C. Daniels, E. Dicker, M. E. Elliot, C. Featherstone, C. S. Gain, E. Green, L. B. Hall, A. M. Henriksen, M. Leatherland, R. Lyons, A. Marlow, L. A. Neal, L. Newton, A. Rhodes, F. A. Russell, M. C. Ryan, O. M. Sutton, M. E. Tacon, M. E. Tarrey, A. Wakeland, M. V. B. Walker.

Guy's Institution.—F. G. K. Brennand, R. A. MacMahon, F. H. Wade, M. A. Webb.

Kensington Union Infirmary.—L. E. Stickland.
Lambeth Parish Workhouse.—M. L. J. Gibb, D. Groom.

London Hospital.—B. Carden, A. M. M. Edwards, A. Egan, M. P. Hebborn, L. A. Williams, F. M. Yemm.

Maternity Nursing Association.—A. C. Anderson, S. M. Angel, M. E. Catherwood, F. Durr, P. Hermann, M. D. Lonsdale, R. M. McPherson, M. H. Walsh.

Middlesex Hospital.—I. Giddings, A. Haythornthwaite.

New Hospital for Women.—M. Slater, L. Turner.
Plaistow Maternity Charity.—M. M. A. Beaumann, L. M. Bracewell, M. Burton, M. E. Capstaff, A. B. Challen, M. Cherry, E. A. Cooper, L. A.

Crees, H. V. Dallaway, M. V. Derby, A. Davies, K. A. J. Gregory, A. B. Haggett, M. A. Hawkins, F. E. Hiron, E. A. Holyoake, M. L. Hughes, M. Hughes, H. L. Ives, E. A. Jellicoe, L. Johnson, A. C. King, A. E. M. Meale, E. Meyrick, J. Norman, E. J. Price, E. M. Rising, E. L. Robin, F. Rose, I. M. Simmonds, M. L. Slade, F. A. Tattersall, M. F. Thorne, A. E. Toogood, M. M. Uzzell, F. E. Wakefield, B. F. Welch, E. Wills.

Queen Charlotte's Hospital.—F. N. Adair, E. A. Batty, G. Cantwell, S. M. Cheetham, J. E. Church, F. J. Clarabut, B. Collins, E. A. Cowley, K. Daws, A. C. Dunn, E. A. Farrar, A. Freeman, L. Fryer, W. A. Gabe, H. M. Gooch, D. S. Higginbottom, E. Jessett, F. M. Jones, C. A. Knox, A. E. Lawrence, R. Leach, L. E. Le Gresby, E. Nott, M. A. Ransom, E. M. Rowell, M. L. Saunders, E. S. Scarlett, M. D. Leager, L. M. Shirvell, G. P. Smith, L. Stamm, M. E. Stokes, V. Sydney, J. M. Thistlethwaite.

Salvation Army Mothers' Hospital.—M. Day, E. H. Donnithorne, M. H. Lorimer, A. L. Nicholls, H. L. Relf.

St. Bartholomew's Hospital.—G. B. Power.

St. Marylebone Workhouse Infirmary.—A. Moxon.

University College Hospital.—E. M. Bussell, D. R. Drury, E. Petty, I. M. Robertson.

Wandsworth Union Workhouse.—E. Williams.

West Ham Workhouse.—F. M. Bond.

Whitechapel Union Infirmary.—M. Plunkett.

PROVINCIAL.

Aldershot, Louise Margaret Hospital.—M. Lewis, G. M. Mitchell.

Birmingham Maternity Hospital.—G. V. Aldersey, M. L. Brown, F. E. M. Grant, E. Hindle, F. I. Maltby, L. M. Tunbridge, F. E. Wedgwood.

Birmingham Workhouse Infirmary.—H. D. Rudwick.

Brighton Hospital for Women.—E. M. Eames, G. J. Evers, E. Fletcher, F. Hosegood, E. Humphries, N. Potter, M. A. Shipley.

Bristol General Hospital.—M. S. Bassett, F. S. Billington, C. F. A. Giles, E. Keene, N. M. Maxwell.

Bristol Royal Infirmary.—D. H. Goody, L. M. Griffin, F. O. H. Moseley.

Cheltenham District Nursing Association.—M. Jones, I. M. Lever, A. E. Lewis.

Derby, Royal Derby Nursing Association.—E. H. Carrington, S. R. Gregson, N. Hawley, G. Rushton, M. Smith, E. Thompson, S. A. Torr, M. D. Wilson.

Devon and Cornwall Training School.—E. Davis, M. Dearing, L. Perry.

Essex County Cottage Nursing Society.—F. E. Adecock, S. E. Bray, J. H. Jeffery, C. F. Knight, K. Sparrow, A. R. Woolley.

Ipswich Nurses' Home.—B. A. Andrews, L. Sparrow, F. Tuxworth.

Hackney Union Infirmary and Ipswich Nurses' Home.—H. M. Wathen.

Leicester Maternity Hospital.—M. E. Batten, E. E. Chiswell.

Leicester Union Infirmary.—L. B. Baker, M. Pegg, E. M. Smith.

Manchester, St. Mary's Hospitals.—S. H. Aspinall, A. Carter.

Nottingham Workhouse Infirmary.—F. M. Noble, B. Smith.

Portsmouth Military Families' Hospital.—A. F. Gair, S. J. Lovibond.

Portsmouth Workhouse Infirmary.—I. Dobie.

Sheffield, Jessop Hospital.—A. E. A. Stevens.

Shorncliffe, Helena Hospital.—C. F. Pumfrett.

Steyning Union Infirmary.—A. Ducker, A. Harmar.

Stockport, Stepping Hill Hospital and St. Mary's Hospitals, Manchester.—A. B. Boyce.

Windsor, H.R.H. Princess Christian's Maternity Home.—H. Dance.

York Maternity Hospital.—D. Benson, M. W. Harrison.

WALES.

Cardiff, O.T.F.N.I.—E. A. Davies, M. B. Davies, S. Jones, E. J. Phelps, C. Thomas, A. Thomson, A. J. Williams, C. Williams.

Merthyr Tydfil Union Infirmary.—E. Terry.

Monmouthshire Nursing Association.—A. Jones, L. Lloyd.

Monmouthshire Training Centre.—E. Pattison, E. A. Richards, B. M. Saint.

Monmouthshire Training Centre and Newport (Mon.) Union Infirmary.—A. W. Hopkins.

SCOTLAND.

Dundee Maternity Hospital.—H. Croll.

Glasgow Maternity Hospital.—C. Burgess, F. C. C. Ross.

PRIVATE TUITION.

C. Allen, E. C. Archer, R. A. J. Bluck, F. Brazier, E. E. E. Brunt, A. E. Buxton, E. Capper, F. E. T. Chadwick, E. B. H. Clements, E. B. Coghill, F. Davey, G. Devlin, I. E. Edgar, R. A. Edwards, E. Empson, M. A. Green, M. Gurney, C. Jones, E. Jones, N. Jones, F. M. Logie, M. McCloy, B. F. Macphail, C. McPherson, E. Mason, N. R. Mathews, R. Morris, E. S. Paice, M. E. Pond, B. Rees, E. A. Rippingille, E. E. Robertson, M. F. Rose, C. G. Russell, L. Sanders, E. Sprague, M. A. Thompson, F. Underwood, E. M. Wilden.

PRIVATE TUITION AND INSTITUTIONS.

East End Mothers' Home.—S. Forrest.

General Lying-in Hospital.—E. Jay, L. E. Le Brocq, M. C. Trower.

Kensington Union Infirmary.—A. M. Clague, A. E. Croley, M. Jones.

Manchester, St. Mary's Hospital.—A. Briggs, M. Riley.

Nottingham Workhouse Infirmary.—L. J. Jackson, W. D. Read.

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EDITORIAL.

RALLYING ROUND THE FLAG.

When the history of the present war comes to be written there will shine out from the record, in letters of gold, the splendid rally to the help of the Empire of its Dominions overseas. They have placed at its disposal with lavish generosity, the flower of their manhood to fight its battles, the pick of their nurses to work in its hospitals, money to help to meet the abnormal expenses, and stores of all kinds. Canada, Australia, New Zealand, South Africa, have poured out their wealth ungrudgingly, asking and expecting no reward except the opportunity of serving the Mother Country.

And side by side with those of the same blood as our own, there have come to our aid the splendid men of our Indian Empire, foremost in loyal service. It is a tribute to the justice of British rule in India, and to the trust and affection which British officers have inspired in their subordinates, of which we may well be proud, that its great princes, and its fighting men, should be at one in their desire to help; and, in the midst of many anxieties, we can say with confidence, that our vast Empire is absolutely at one, in love, loyalty and devotion to the flag under which its subjects live, and which represents to them duty, freedom, comradeship, a threefold cord which is not quickly broken.

So our serenity is undisturbed when the pessimists talk of a shortage of nurses, for they under-estimate the loyalty and patriotism which inspire trained nurses throughout the length and breadth of the Kingdom. There are reserves still of nurses who, if need be, would willingly serve our sick and wounded and those of our Allies. And if every available nurse in the Kingdom were utilized we are not then at the end of our resources. No one who has met the splendid, fully-certificated, and capable women who have come in their hundreds from our

Dominions beyond the seas—their services in many instances being placed at the disposal of the Government free of expense—and has heard them tell how many more, as highly skilled, will come for the asking, can fail to realize that in her nurses as well as in her soldiers the Empire has a mine of wealth still largely unexplored.

Speaking recently for one of our self-governing Dominions a statesman said "All we have is at the service of the Empire" and that represents the general feeling.

Such affection for the flag, on which the cross of St. George, the cross of St. Andrew, and the cross of St. Patrick floated bravely in the breeze over many a building and from many a flag-staff on Empire Day, is an inestimable asset. Men, women, and children rally round it of diverse countries, creeds, politics, and interests. Many have died to save it, many more would do so to-morrow, if need be, and count their lives well laid down. For it is not merely the sentiment which surrounds a piece of bunting, strong though that is, which moves men to deeds of heroism. But the flag represents to them all for which their forefathers have fought and died, the freedom which has followed where the symbol of British power has been planted, and the confidence which inspired those who have gone before, that their sons and daughters would maintain the liberties handed down to them intact. In this faith every loyal Briton is prepared to live and die.

Lastly, this country will do well to take to heart the object lesson that the nurses sent from certain provinces in Canada, the whole contingent from New Zealand, and those working in South Africa have a right to the title of Registered Nurse, while those from Australia have a uniform, standardized training, and are working for State Registration. They ask why the nurses in the Mother Country are still unregistered.

OUR PRIZE COMPETITION.

GIVE THREE ESSENTIALS IN THE NURSING CARE OF THE MOTHER DURING THE FIRST WEEK OF THE PUERPERIUM.

We have pleasure in awarding the prize this week to Miss Mena M. G. Bielby, Cranford, Middlesex.

PRIZE PAPER.

Those in charge of such cases realise the importance of strict cleanliness, so that need not be insisted on here. Of equal importance are rest, good feeding, and fresh air.

Rest.—It should be realised that even in the simplest cases of parturition the system of the mother has undergone a prolonged strain, culminating in a period of great pain. All the muscles of the pelvis, more especially the broad ligaments, have for some months been taxed to their utmost. Therefore, for perfect recuperation, adequate rest is essential. Medical science asserts that it takes three years for a woman's system to recover wholly from the strain of having borne a child. Seeing that the period of involution is from six to eight weeks, it is a pity that it is customary for the majority of mothers to limit the lying-in to a fortnight. Strong women, and those whose circumstances render over-fatigue avoidable, may do this with less risk, but undoubtedly the practice of resuming the ordinary life at the end of ten or fourteen days is responsible for a very large proportion of those cases which fill the hospitals for women. It must also have an injurious effect on subsequent offspring. I once knew a mother of ten fine children. She was then forty-five, and her youthful appearance was so remarkable as to compel comment. She explained that at the birth of each of her children she remained in bed exactly a month, and to this she attributed her renewed vigour.

For the first three days the mother should not be raised into the sitting position, as this might cause fainting, flooding, or sudden death. In most cases the doctor in attendance decides how long the recumbent position must be maintained—usually until the ninth day.

The most valuable form of rest is sleep. The mother should be settled for the night by 10 p.m., and not be disturbed before 7 a.m., except when necessary to put the baby to the breast, the latest teaching being that it is in the interests of both mother and child to reduce the number of feeds to one only between these hours. The baby's cot should always be placed in the nurse's room when possible, so as to secure unbroken quiet to the mother. The latter should also be settled for sleep from 2 to 4 p.m., and left alone in a darkened room.

It should be arranged beforehand that no

visitors be allowed during the first week, as emotion of any kind acts injuriously to the patient. All sounds in and near the house should be reduced to a minimum; no worry allowed to approach the mother, and an atmosphere of peace and comfort should surround her.

Good Feeding.—The diet may be ordered by the medical attendant, but when a trained nurse is in charge and the case is normal, he usually leaves this to her. For the first forty-eight hours the diet should be light—chiefly milk foods. Benger's and Allenburys' foods are useful. Barley water is valuable, as it is slightly laxative and increases the action of the kidneys. Beef tea, chicken, mutton or veal broth, cocoa, steamed custard, rice and oatmeal gruel, are all allowed, with bread and butter or toast. On the third day, if the bowels have acted, light solid food may be given. No stimulants of any sort should be given. Tea does not promote sleep or digestion. It should not be infused longer than four minutes. By careful feeding, aperients are often made unnecessary.

Fresh Air.—The desirable atmosphere is that which most nearly approximates to that out of doors, maintaining a temperature of 60°. Windows should be wide open day and night to ensure continuous supply of the life-giving oxygen. Screens should be used to prevent draughts.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Lucy C. Cooper, Miss Gladys Tatham, Miss A. M. Harding, Miss Henrietta Ballard, Miss Lizzie Bullivant, Miss S. Simpson, Miss Kathleen A. Roberts, Miss T. O'Brien.

Miss Lucy C. Cooper writes:—"Three essentials in the nursing care of the mother during the first week of the puerperium come under the headings—(1) Cleanliness, (2) Rest, (3) Diet. Cleanliness, thorough and surgical in every detail, comes first. The health of the mother—even reason and life itself—depending upon the right observance of this important duty. After the birth of the child and the expulsion of the placenta, the parts must be thoroughly cleansed with swabs wrung out of some antiseptic lotion, and an aseptic pad applied which should be changed frequently, and the parts swabbed each time of changing. All soiled pads should be burnt immediately, all soiled linen should be removed from bed and taken right out of the room."

QUESTION FOR NEXT WEEK.

Describe the disease known as black measles, and how to nurse it.

Will competitors kindly remember to write on one side of the paper only?

NURSING AND THE WAR.

NEW ZEALAND ARMY NURSING SERVICE.

The arrival in London of Miss Hester Maclean, R.N., Matron-in-Chief of the New Zealand Army Nursing Service, with a contingent of fifty members of the Service from the Dominion, is one more proof of the unity of the British Empire and the love and loyalty of its subjects in the Dominions beyond the seas.

The New Zealand Army Nursing Service at present consists of 100 members, but it is probable

that more will now be enrolled. The members wear a grey uniform, a colour which has come to be associated with military nursing. The most comfortable-looking grey tweed coat is of New Zealand material, made at the Petone Woollen Mills, Wellington. The coat has a scarlet collar, scarlet on the shoulder-straps, and scarlet bands on the sleeves, the width of these bands denoting the rank of the wearer. The grey dress is worn with the scarlet cape of the Military Nursing Sisters and each member of the Service wears its distinctive badge, in the design of which the Minister of Defence took special interest.

In the centre is a red cross surmounted by a crown, and below the cross is a scroll bearing the letters "N.Z.A.N.S." The crown and the scroll are united by a wreath composed of New Zealand fern, in white metal. With this is worn the registration badge prized by all the nurses, for every one of those sent by the New Zealand Government comes with this proof of her competence, that she has been registered after three years' hospital training, and having successfully

passed the examination imposed by the State as a test of her knowledge. This badge represents the five-pointed Star of New Zealand, and is suspended from a bar, bearing the letters "N.Z.R.N." It has as its centre a red cross on a white enamel ground, and on the back is inscribed the name of the wearer, her registration number, the hospital at which she was trained, and the year of her graduation.

In connection with the organization of the Service the Matron-in-Chief has the assistance of the Matrons of important hospitals in four centres, Miss Keith Payne (Wellington), Miss Thurston (Christ-

church), Miss Myles (Dunedin), and Miss Orr (Auckland).

Miss Maclean, Matron-in-Chief of the Service, is well known to our readers as Assistant Inspector of Hospitals and Charitable Institutions in New Zealand, and Deputy Registrar and Assistant Inspector of Mental Hospitals in the Public Health and Hospitals Department. She is also President of the National Council of Trained Nurses in New Zealand, which is affiliated to the International Council of Nurses.

She was trained at the Prince Alfred Hospital, Sydney, and, before leaving for New Zealand, held the position of Matron of the Hospital for



MISS HESTER MACLEAN, R.N.

MISS BERTHA NURSE, R.N.

Women, Melbourne, and other appointments. She is a certified midwife in this country.

Miss Bertha Nurse, the Matron of the contingent, and the two senior Sisters, Miss Fanny Wilson and Miss Vida Maclean, have been on active service recently in Samoa. Miss Nurse was trained at the Wellington Hospital, New Zealand, where she also held the position of Sister. She also holds certificates in midwifery and massage, and has been Sister at the Cairo

Hospital, as well as Acting Matron on Active Service in Samoa.

The other members of the present contingent are the Misses Elizabeth Nixon, Annie Buckley, Fanny Speedy, Isabella Scott, Kate Wright, Frances Price, Edna Pengelly, May Chatwin, Kathleen Davies, Emily Curtis, Janet Moore, Rose Fanning, Jean Cormick, Carrie Young, Ivy Foote, Matilda Fricker, Cora Anderson, Isla Stewart, Alice Searell, Theresa Butler, Edith Harris, Agnes Williams, Kate Barnitt, Grace Calder, Mary Sutherland, Mary Macbeth, Florence Siddells, Emma Harris, Ethel Taylor, Jane Miller, Margaret Sampson, Jean Ingram, Mabel Crooke, Marie Wilkie, Ina Bennett, Christina Lowe, Louisa Bird, Louisa Dodds, Maud Mitchell, Emily Nutsey, Elizabeth Smailes, Christina Gibbon, Eva Livesey, Alicia Ingles, Sarah Clark, Daphne Commons, and Lily Burke.

The contingent was entertained at tea by the High Commissioner, the Hon. Thos Mackenzie, on the afternoon after its arrival in London. The function took place at the Westminster Palace Hotel, and was of an informal character. Mrs. Mackenzie and other ladies were present.

After tea was over the nurses were assembled at the end of the large hall and a flashlight photograph taken with the High Commissioner seated in the midst.

Mr. Mackenzie then addressed the contingent, and in a most feeling and eloquent speech welcomed them to London and wished them success in their future work among the sick and wounded. Miss Maclean, the Matron-in-Chief, replied in a few words, expressing the appreciation of the nurses of the great honour and privilege which was theirs of being able to serve their country, and spoke of the large number of New Zealand nurses who had volunteered for service.

On Friday morning the contingent was invited by the High Commissioner to a party to Hampton Court and Kew Gardens, and on Saturday spent a most enjoyable day on the Thames admiring the lovely flowers and trees. A cold luncheon was served at Hampton which was much enjoyed

after the river trip, and the nurses were then conducted through the grounds and to Bushey Park to see the wonderful avenue of chestnuts in full bloom.

The party then rejoined the steamer, and went to Kew by water, a most enjoyable trip. The beautiful azaleas and rhododendrons in full bloom, and the glades of blue wild hyacinths beneath the trees were a revelation to the eyes of the visitors. After tea on the lawn the train was caught back to town.

On Monday afternoon, Empire Day, the contingent attended the service at Westminster Abbey, and had tea afterwards at the invitation of the Empire Patriots, and on Wednesday were conducted through the Houses of Parliament. If still in town when Parliament reassembles the nurses are invited to tea on the Terrace.

During the week it is hoped to visit the Tower of London, and in the meantime every moment is being utilised to visit hospitals and other places of interest.

On Sunday a party of nurses visited the wounded New Zealanders at Birmingham.

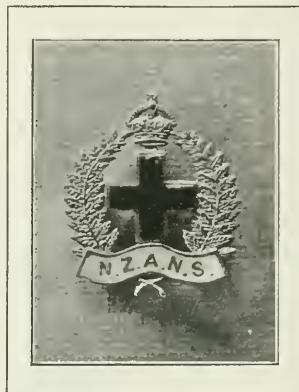
The contingent are under orders for Egypt, and as they have received instructions to provide themselves with full kit it seems probable that they may be under canvas.

Miss Maclean proposes to accompany the contingent to Egypt, and then to return to this country to receive, and make the necessary arrangements for, the thirty-one additional members of the Service who sailed from Wellington on the 22nd ult.

We have been asked to make it known that the National Union of Trained Nurses, 39, Great Smith Street, S.W., would be glad to hear from nurses requiring posts, either in civil or military hospitals, as there are many vacancies which the Union has been asked to fill.

CANADIAN NURSES FOR BELGIUM.

A party of volunteer Canadian nurses, to the number of twenty-two, in charge of Miss Mary Evans, spent part of last week in London on their



BADGE OF NEW ZEALAND ARMY
NURSING SERVICE.



BADGE OF NEW ZEALAND
REGISTERED NURSES.

way to Belgium, and left on Saturday for their work at La Panne. Dr. Depage appealed by cable to Dr. Armstrong of Montreal for help for the Belgian Medical Service, and the result was that these qualified nurses volunteered their services. The names of the nurses who have come to the aid of the bravest and most unfortunate of our brave Allies, are Mrs. W. Hutchinson and the Misses Lamont, Janet McCorsban, Marion Boa, Jean Kidd, Bertha Merriman, Norah Pedley, Elizabeth Ross, Elizabeth Kennedy, Mabel Trenholme, Ethel Gall, Agnes Gallot, Gertrude Donkin, Maysie Parsons, Nellie Lewis, Edith Stuart, Helen Claxton, Grace Brough, Mary Kingston, Frances Harman and Eliza Jones. During their perilous journey by the *Transylvania*, which landed passengers at Glasgow instead of at Liverpool, some of the nurses actually saw the periscope of a submarine, bent, no doubt, on their destruction.

While in London the nurses received much kindness and attention and they are loud in their expressions of gratitude to their hosts of the Mother Country. Mr. H. Nelson Smith of Hull, who escorted them to Belgium, is well known to nurses on account of his association with hospital supplies for all the Allies' Governments. Among the entertainments provided for them was a sight-seeing drive with Miss A. A. Smith as hostess and cicerone. Miss Smith and her brother received the warmest thanks of the visiting nurses.

We are sure that the services of these nurses will be much appreciated at La Panne, and that they will always be glad that they responded to the invitation to come to the help of heroic Belgium.

Dr. C. T. Ewart, of Claybury Asylum, writes to the press to point out, in relation to the mental shock sustained by soldiers, that to be certified as a lunatic does brand an individual with a stigma which handicaps harshly in life. It wrecks homes, ruins happiness, and crushes with bitter despair the soul of many a man.

He suggests that one of our asylums which has been emptied of its normal population should be used for the treatment of cases of incipient or transitory insanity due to stress and shock in the trenches. A very large majority, he thinks, would quickly recover, especially as they would then have the great advantage of expert care.

There must be no certification, and the patient should not come into touch in any way with the power now dealing with ordinary lunatics. If at the end of three or six months the medical officer in charge of the hospital decides that the case is not likely to recover, the patient can then be certified and sent to an asylum.

The question should be dealt with as a problem arising from the War, and for the sake of the future welfare of a brave man, who has been stricken sorely while upholding the best traditions of the race, red-tape should be conspicuous by its absence. We heartily agree with this humane and sensible advice.

FRENCH FLAG NURSING CORPS.

There is a consensus of opinion that the work done by the Sisters sent to Bergues to tackle the typhoid epidemic in March, has been beyond praise. The epidemic has now subsided, and it was with great pleasure we received the following letter from M. Paul Isaac, Officier d'Administration du Service de Santé, at Bergues, in which he recognises their courageous services in such happy phrases.

DEVOTION OF ENGLISH SISTERS.

Bergues, 18 Mai, 1915.

MADAME,—Veuillez me permettre de vous adresser ces quelques lignes pour vous transmettre l'impression si favorable que j'ai éprouvée lors du bombardement de Bergues (10 et 11 ct), en présence du dévouement dont firent preuve les Infirmières anglaises employées dans nos hôpitaux. Maintes fois déjà, j'avais pu constater leur sollicitude, empreinte d'une exquise bonté, en faveur de nos chers malades, mais lors du bombardement de notre ville, il m'a été permis de pouvoir apprécier mieux encore leur vaillance et leur bravoure au milieu du danger.

Les deux Infirmières de l'hôpital Jeanne d'Arc, Sister Isabel Carmichael et Sister Mary Sutton, se sont particulièrement distinguées pour le transport des malades dans les caves voisines, alors que de formidables projectiles tombaient avec fracas sur notre bourgade.

Les six infirmières de l'hôpital "Sainte-Union" sont vaillamment restées à leur poste, au milieu des typhoïdiques confiés à leurs soins.

Je n'ai pas qualité, Madame, pour accorder des distinctions honorifiques, ni même pour vous transmettre officiellement un rapport, mais il m'a semblé que vous seriez heureuse d'accueillir des informations aussi favorables concernant les Infirmières anglaises préposées au service de nos hôpitaux et dont la conduite est au-dessus de tout éloge.

Que Dieu bénisse celles qui se consacrent avec tant de noblesse et d'abnégation en faveur de nos chers soldats de France!

Veuillez agréer, Madame, l'assurance de mes plus respectueux hommages.

P. ISAAC,
Officier d'adm.

We are indebted to Sister Gill, R.N.S., for some effective snapshots showing how near to destruction l'Hôpital St. Union was during the recent bombardment by the Germans. They were taken as soon as the dust from the explosion settled, and we reproduce one which shows the ruins of a house near the hospital, and as a contrast a snap of a tea party in the linen room the day after the bombardment. Such is war, and such we rejoice to know are British nurses when taking part in it. Death exploding at the door one day, the consolation of the teapot in the linen room the next, and every time a good nerve and a good conscience.

The fever hospitals are now nearly empty, and Sister Gill writes: "Of course, we were terribly sorry to part with all our patients in such a hurry, and only hope the hospital will be re-opened. It would be heart-breaking to have to leave all the lovely sheets, shirts and other things which have been sent over to us."

Sister Lind adds: "St. Union has been empty for a week now. One shell fell about thirty yards away, breaking most of the windows. . . . We have had the hospital thoroughly cleaned out from top to bottom, and now obeying the order of the General at Bergues are waiting for St. Union to open when the bombardment is over. . . . In the meanwhile we have all our worldly goods in a cellar.

We sleep above ground, but have everything at hand ready to descend at a minute's notice. All our landladies hurriedly departed to the country, leaving us homeless; but through the kind offices of one of the priests here we were lent an empty house of a friend of his, who is away at the front, and whose wife and family fled at the beginning of the bombardment—luckily for us. Will you announce that I to-day received from Mrs. Lawless, from Falmouth, a second consignment of slippers for our patients? She had seen the appeal in THE BRITISH JOURNAL OF NURSING. With this consignment of slippers she also sent bed socks and acid drops for the patients. We have the things in safety, and hope we shall soon be in working order again to use them. We are all well, and wondering each morning what the day will bring forth."

A few patients still remain at the Jeanne d'Arc Hospital, which is quite up-to-date, as it possesses a cave. Sister Carmichael writes: "During the bombardment it was a great experience

moving our patients down in the caves. Our patients are the only ones left in Bergues—mostly typhoids. We are all well."

We wish there was more money to send massenges to help the French soldiers. The two Sisters at Evreux work on sixty to seventy cases

a day, and the *École Professionnelle* has become quite a big massage centre, and an electricity department has been fitted up. The Sisters are greatly encouraged with the progress made by the patients. We hear of one poor fellow "who had twenty-two wounds, and one bullet went through his head, leaving him with a vacant smiling face; but I think I shall make his limbs useful to him

again." The Sisters greatly appreciate the courtesy and kindness of the doctor and other friends. "Our room is always heaped up with flowers. The soldiers gather them for us. Most beautiful lilies-of-the-valley, lilacs, and other lovely things."

The French Government is now very averse to engaging Sisters for a period of six months, as it is found it takes them some little time to fit in with their strange surroundings, and just as their work becomes of real value, and well appreciated, it is time to depart.

Miss Ida Peile, who was trained at the Royal Infirmary, Sunderland, and now holds the position of Superintendent of the District Nurses' Home, London—

derry, will act as Supervisor of the following Sisters leaving for France on Saturday, May 20th: Miss G. M. Hawthorne, cert. Westminster Hospital; Miss M. MacLean Steven, cert. Glasgow Royal Infirmary; and Miss V. E. E. Macarthur, cert. City Hospital, Edinburgh (Fever Unit).



RUINS OF HOUSE NEAR HOSPITAL, BERGUES.



TEA PARTY IN LINEN ROOM, ST. UNION, BERGUES.

THE HÔPITAL MILITAIRE FORT MAHON.

The Hôpital Militaire at Fort Mahon was started in October last. It was at first hoped that it might have proved of use, in part at least, to our own men, some of whom have from time to time been amongst the patients; but it soon appeared that, owing to its position and its greater proximity to the French front, it would prove much more accessible to our Allies; and, thanks to the energy and resource shown by Dr. Maurice Renton, Chief Medical Officer, the hospital was soon accepted and fully recognised by the French military authorities, who have from

line often glowed with their reflected fire—a constant reminder (if one were needed) of the deadly work going on so near at hand, whose terrible effects were always before us in the shattered bodies and dreadful wounds of so many of our patients. It is impossible to speak too highly of the French soldiers as patients, and of their gratitude, courage and cheerfulness; they are on the most excellent terms with their English nurses, whose services they much appreciate, and whenever there are English and French patients together the "entente" between them is quite ideal, and it seems as if each can contribute to the other something valuable to both, which makes



RETURNING FROM MASS. HÔPITAL MILITAIRE, FORT MAHON, SOMME.

time to time expressed the highest appreciation of the work done there—an appreciation shown in a still more practical manner by the convoys of serious and urgent stretcher cases which soon filled the wards and fully occupied both medical and nursing staff.

The hospital contains 105 beds, and in addition a château nearer the front was later equipped with 35 beds, and used as a clearing hospital where very bad cases straight from the trenches were treated first and afterwards conveyed to Fort Mahon in the ambulances, of which a considerable number are attached to the hospital. At this château the guns could be clearly heard during most of the day, and at night also, when the sky-

one wish that they could oftener be together during illness and convalescence, as they so often are in warfare.

Fort Mahon is very ideally situated, and the bracing sea air and sunny stretch of firm sands, where convalescent patients can walk and sit, are in themselves an important factor towards recovery.

The Curé of the little village church acts as chaplain to the French soldiers, and is tireless in his work amongst them.

Deaths in proportion have been few on the whole, but the row of simple wooden crosses in the shady cemetery six miles away at Quend testifies to some of the brave lives laid down and added to the roll of imperishable glory.

Life at Fort Mahon is primitive and happy, in spite of the dread shadow of war, so much more real and terrible in France than can be realised in England. The "Hôpital," occupying the large summer Hôtel de la Mer, is the centre round which the little village now revolves.

May I say in passing that comforts for the soldiers, together with cigarettes, would be very welcome and are much needed. Sisters returning from leave or going to take up work there would gladly bring out such parcels if addressed to the Hospital at Fort Mahon, c.o. the French Red Cross, 9, Knightsbridge.

Besides Dr. Maurice Renton, the Medical Staff has included Drs. Alistair McGregor, George Stoker, Daniel Roberts, Mahmoud, Martin, Moorhouse, Cooper, Billups, Webb, and others. The nursing staff has at different times consisted of Miss E. de Longueil, Miss Campbell (the present Matron), Charge Sisters Shore, Halkett, Hutchinson, Crosbie, and Beckett; Sisters Scott, Munro, Pinniger, Barnes, Cox, Miles, Fowler, Beese, Rozier, Clifford, Himing, Waterland, Wouten, Watt, Spottiswoode, Wilson, Dixon, Tubb, Hunt, Worsley, Thompson, Sloper, Tribe, and several others. A. H.

JOINT WAR COMMITTEE.

The following nurses have been deputed to duty in home hospitals:—

Raddon Court Hospital, Latchford, Warrington.—Miss M. L. Frith.

I.A.D. Hospital, Saffron Walden.—Miss W. Smith.

Military Block, Royal Free Hospital, Grays Inn Road.—Miss E. M. Smith.

Farnborough Count Military Hospital, Hants.—Miss F. Campbell.

I.A.D. Hospital, Arnot Hill, Daybrook, Notts.—Miss M. A. Blackmore.

Red Cross Hospital, Clevedon, Somerset.—Miss T. King.

I.A.D. Hospital, Whitchurch, Salop.—Miss A. E. Colburn.

Greenbank Military Hospital, Bolton.—Miss E. Craig.

Paulton's, Romsey.—Miss Fyson, Miss L. H. Lane.

Auxiliary Hospital, Dalston Hall, Cumberland.—Mrs. M. Shaw.

Shorn Hill, Totton, Hants.—Mrs. King Brown.

I.A.D. Hospital, Somerley, Ringwood.—Mrs. Moberley.

Norfolk War Hospital, Norwich.—Miss L. Boon, Miss M. K. Hickey.

Cleve Hill Hospital, Downend, Bristol.—Miss M. Cleave.

The Crescent, Hayling Island.—Mrs. Hawken.

Fairview Hospital, Chigwell, Essex.—Miss F. M. McGusty.

Beachcroft Military Hospital, Woking.—Miss G. Bowyer.

Red Cross Hospital, Ashlawn, Rugby.—Miss L. R. Ramsay.

Windlestone, Ferry Hill.—Miss R. Belcher.

Red Cross Hospital, Henley-on-Thames.—Miss E. Fletcher.

Auxiliary Military Hospital, Brondesbury Park.—Mrs. F. Heath.

Piccards Rough Hospital, Guildford.—Mrs. E. Penn, Mrs. Eastmead.

Red Cross Hospital, Wanstead.—Miss H. Trafford.

Military Hospital, Graylingwell, Chichester.—Miss E. C. Cobb.

Red Cross Hospital, Leamington Spa.—Miss B. H. Seager.

Red Cross Hospital, Whitchurch, Salop.—Miss E. H. M. Pike.

Red Cross Hospital, Tewkesbury.—Miss M. Aldis.

Auxiliary Military Hospital, Moor Park, Preston.—Miss L. C. B. Robertson.

I.A.D. Hospital, Barnsley.—Miss E. M. Ryde.

IRISH NURSES' ASSOCIATION.

ULSTER BRANCH.

The Ninth Annual Meeting of the Ulster Branch, Irish Nurses' Association, was held at the Belfast District Nurses' Home, on Monday 17th May, at 3.30 p.m. The President, Lady Hermione Blackwood, was unable to be present; it was the first Annual Meeting held without her and her absence was regretted by all.

Miss Newman presided. The Hon. Secretary, Miss Workman read the annual and financial reports. Six lectures had been given during the last year, they had been well attended. Owing to the war only two picnics were held last summer. The balance for this year is £13 8s. 7d. The Finance Committee and Amusements Committee were re-elected.

After the business part of the meeting had been gone through Miss Workman gave a short account of the canteen work she is doing in France. Before the meeting adjourned for tea hearty votes of thanks were passed to the doctors for their kindness in giving the members such interesting lectures, to Miss Bostock for kindly allowing the lectures to be held in the Royal Victoria Hospital, to Miss Higginson for kindly allowing all the business meetings of the Association to be held in the District Nurses' Home and to Miss Workman for acting as Hon. Secretary.

PRESENTATION.

On her retirement on the 22nd inst from the Rivet Military Hospital, Aylesbury, Miss B. L. Colborne, Matron, received as a parting gift from the Nursing Staff and members of the Voluntary Aid Detachment, a silver dressing table set and a gold brooch.

Lady Smyth, in making the presentation, thanked Miss Colborne for the strenuous and excellent work she had done since the beginning of the War in organising and carrying on the hospital.

Miss F. G. Allan has been appointed Matron to succeed Miss Colborne. She was trained at St. Mary's Hospital, London.

THE CARE OF THE WOUNDED.

The King has paid visits to the sick and wounded at the 3rd and 4th Scottish T.F. General Hospitals at Stobhill, Glasgow, and at the 1st Northern T.F. General Hospital, and the Royal Victoria Infirmary, Newcastle-on-Tyne.

The Queen has promised to inspect, probably early in July, the fleet of Red Cross ambulances now being raised by the Lady Mayoresses of cities and towns in England, Ireland, and Wales.

The Women's Emergency Corps, 8, York Place, Baker Street, is undertaking a large order for the War Office for waterproofed cases for the new respirators which, being impregnated with chemicals, have to be kept moist. In response to the appeal for the black net respirators for the Belgian Army, the Women's Emergency Corps has prepared patterns (price 6d.), which can be sent out to those who desire to help our Allies. The material can be procured locally. When made the net is filled with specially prepared cotton-waste at the headquarters of the Belgian Soldiers Fund.

Huts are being built at St. Thomas's Hospital for providing 300 extra beds for sick and wounded soldiers of the Expeditionary Force, and they will be probably opened early in June. The staff of the hospital are making preparations to provide additional comforts for the patients and are appealing for easy-chairs, cushions, vases, flowers, books, cigarettes, &c., which can be sent to the Military Hospital, St. Thomas's Hospital, London.

Mr. C. Arthur Pearson, giving an account of the work being done among the blind soldiers at St. Dunstan's, at a meeting of the After Care Association for Blind, Deaf, and Crippled Children, said ten men were learning massage. The men had to learn to read works on anatomy in Braille type, and had to memorise the Latin names of the bones and muscles. Their instructor declared that they were getting on four times better than he expected. One blind man in London was making £500 a year as a masseur. One soldier was learning to be a telephone operator, and other occupations being taught were carpentry, mat and basket making, boot repairing, poultry farming, and market gardening.

Lord Lansdowne, as Chairman of the Council of the British Red Cross Society, has telegraphed to Lady Helen Munro Ferguson, President of the Australian Branch, to express the "deep and sincere gratitude" of the society for the munificent contributions from Australia which have reached over £100,000.

We learn that many more motor cars could be made use of, for providing change and fresh air for convalescing men—and also for taking them

to the stations when discharged. Those people who have cars should place them at the disposal of the hospitals for so many hours every week.

The medical officer for Salisbury has issued a notice to householders advising vaccination against cerebro-spinal meningitis. The vaccine used contains dead meningococci, and was prepared and standardised by the Lister Institute. Approximately 2,600 of the inhabitants have been inoculated at the public expense.

At the request of the French National Relief Committee, the French Relief Fund in England have undertaken to organise a French Day, to be held on July 14th. Local committees will be created in every town. The funds raised by the celebration may be handed over to the Committee du Secours National, which is the French Equivalent of our own National Relief Fund.

A précis of the work already undertaken by the Medical Research Committee in connection with the war has been issued in the form of a White Paper. The Committee have assisted the War Office in supplying pathologists and bacteriologists for work at military hospitals in this country.

Dr. John Freeman, with an interpreter, was sent by the Committee last autumn to Galicia, where he enjoyed the temporary rank of lieutenant-colonel in the Russian Army, in order to investigate the various strains of cholera infection, endemic or epidemic, in that district, and to bring to this country cultures of the chief strains. The results of the expedition were placed at the disposal of the Inoculation Department of St. Mary's Hospital, which has been able already to supply large quantities of anti-cholera vaccines to the Serbian Government and to the British Forces in the Mediterranean area.

There is great need of instruction in first aid to the troops so that the men may know how to stop arterial bleeding when other help is not forthcoming. A leaflet giving practical instructions has been issued by Major Maclure, late of the London Scottish, and founder of the Volunteer Ambulance. 120,000 copies have been distributed to some 200 regiments, and have been the means of saving many lives. Those who wish to help this work should send donations to Major Maclure, 26, Dennington Park Road, West Hampstead.

Dr. Alice Hutchison, who is in charge of the second Serbian unit of the Scottish Women's Hospitals, which halted for a fortnight at Malta, on its way to Serbia, to nurse British sick and wounded, has now left for Salonika. No further offers of medical relief for Serbia will be permitted without the sanction of Sir Ralph Paget.

The Wounded Allies Relief Committee has decided to send to Montenegro a fever hospital

of 200 beds. The unit will consist of four doctors, a nursing staff of about 20, and complete equipment.

Hundreds of cases of typhus are reported to be breaking out daily in various quarters of Constantinople.

In the House of Lords Lord Kitchener announced that our troops must be adequately protected from asphyxiating gases by the use of similar methods.

All is ready to loose vast volumes of poisonous gas when the French reach Alsace, similar preparations have been made on the Austrian frontier.

Wounded men in the hospitals in Cairo and Alexandria have ghastly tales to tell of Turkish atrocities. Soldiers have seen their comrades burnt to death, their eyes gouged out, and otherwise mutilated.

WOUNDED ALLIES RELIEF COMMITTEE.

The Wounded Allies Relief Committee has done more for the Belgian soldier when wounded or disabled in England than when fighting in Belgium, though a motor ambulance unit has been despatched and financial support extended to various hospitals. The Committee is now sending to Belgium two caravans, one of which is fitted as a soup kitchen and the other with hot baths. Both have been most neatly and ingeniously equipped under the direction of Lady Markham, and the workmanlike and up-to-date interiors form a quaint contrast to the exteriors which still present a cosy old-time appearance. Arrangements for their driving and transport are in the hands of Dr. V. H. Rutherford, who is now in Dunkirk for the purpose. The Committee has been presented by Mr. Bertram Smith of Beattock with two other caravans, and these are now in process of equipment.

KING GEORGE HOSPITAL.

After many weeks of work and waiting, the King George Hospital in Stamford Street, S.E., is now approaching completion. It is probably the largest hospital in the country, military or civil, under one roof, and it is well that it has as Matron Miss M. E. Davies, who, both at Queen Charlotte's Hospital, and St. Mary's Hospital, Paddington, established a reputation as an excellent organizer.

The hospital now established in the great Stationery Office in Stamford Street will certainly test those powers. It will mean holding the threads of the vast organization required where over 1,600 serious cases are receiving medical and nursing care, and includes, in all, a resident community of 2,000 persons, besides those helpers who come in daily.

The hospital has the advantage of being close to Waterloo Station, and near enough to the river for those patients who are able to be moved to the great garden on the flat roof to enjoy the freshness of the breeze from the river, which lies a short distance behind, and a view of the metropolis, with St. Paul's and the Abbey in the near foreground, and extending northwards as far as Hampstead and Highgate, and in the revolving shelters both shade, and shelter from the wind, are available for the patients. The building is so vast that each floor is to a certain extent a self-contained hospital, with a Senior Sister in charge, who will practically act as Matron. There are ten of these Sisters, five of whom will be in charge by day and five by night. The first floor is for medical and the other four for surgical cases. Every effort has been made to bring the wards and operating theatres up to the most modern standard. Each patient is provided with an electric light over his bed for his own special use. Common rooms, furnished through private liberality, are at the disposal of the patients when able to be about, where they can talk, read, and, presumably, write letters.

Two operating theatres are provided on each floor, one for aseptic and one for septic cases, so that "clean" cases will have every chance of making an uninterrupted recovery. The rounded corners are of the smoothest stone, and the arrangements for lighting are of the latest known; the light will be generally diffused and equalized. Arrangements are being made whereby operations under X-rays will be possible. Important eye, ear and throat, dental, and X-ray departments are also being arranged.

The divisions of the building, in the great shell taken over by the military authorities, are of fireproof asbestos plates, thus reducing to a minimum the risk of fire. The kitchens which will cook for this great household are at the top of the building, and it is easy to guess what a large amount of storage room will be required to supply all the needs of the hospital. One of the most human departments is the Compassionate Fund under the Presidency of Lady Ripon, in connection with which are the Gift Stores, in which gifts to patients will be pooled.

A chaplain is to be attached, and there will be a large undenominational chapel. The brass cross and vases in the mortuary chapel are the gift of Queen Alexandra. We hope that many of our brave soldiers will be discharged from the hospital restored to health and strength, a testimony to the value of skilled medical treatment and good nursing.

APPOINTMENTS.

MATRONS.

Inverurie Epidemic Hospital.—Miss Margaret Beattie has been appointed Matron. She was trained at the Aberdeen City Hospital and has been Deputy Matron in the Burgh Hospital, Falkirk.

Cottage Hospital, Stratton, North Cornwall.—Miss Mary C. Robertson has been appointed Matron. She was trained at the Children's Hospital, Gloucester, and Guy's Hospital, London, and has been Matron of the Cottage Hospital, Kingston, Herefordshire, of the Cottage Hospital, Brackley, Northamptonshire, and of the Cottishall Nursing Home, Norwich.

NIGHT SISTER.

Royal Surrey County Hospital, Guildford.—Miss Fossitt has been appointed Night Sister. She was trained at the Camberwell Infirmary, and temporarily held the position of Night Sister there. She has since been Ward and Theatre Sister at the Victoria Memorial Hospital, Nice, and Ward and Theatre Sister at the City of Westminster Infirmary, Fulham Road.

SISTER.

Western Hospital, Seagrave Road, Fulham, S.W.—Miss Violet O'Brien has been appointed Sister. She was trained at the North Charitable Infirmary, Cork, and has been staff nurse at the Western Hospital, Ward Sister and Night Sister at the Medical College Hospital, Calcutta, and Sister at the 1st Military Reserve Hospital, Kragujevatz, Serbia.

Union Infirmary, Wakefield.—Miss Marion Stuart Gray has been appointed Sister. She was trained at the Union Infirmary, Huddersfield, where she also held the position of Staff Nurse and Charge Nurse. She has since had experience of private nursing.

The Infirmary, Dudley.—Miss Catherine Fitzsimons has been appointed Sister. She was trained at the Erdington Infirmary, Birmingham, and is a certified midwife.

Miss Edith Wright has also been appointed Sister in the same institution. She was trained at the Erdington Infirmary, and is a certified midwife.

WEDDING BELLS.

The marriage of Sister Beatrice J. MacLachlan with Dr. Donald Dowie, of Sandal, Wakefield, is arranged to take place in Stirling on Wednesday, June 12th. Sister MacLachlan was trained at Glasgow Royal Infirmary, and subsequently gained experience in the nursing of fever cases at the Brook Hospital, Shooters Hill, S.E. For the last two years she has been a member of the staff of the Registered Nurses' Society, never failing to win the esteem of her patients. Very sincerely do her colleagues wish her much happiness in her married life.

EN ROUTE.

Miss Annie E. Hulme, and Miss Beatrice Kent, the official delegates of the National Council of Trained Nurses of Great Britain and Ireland to the meeting of the International Council of Nurses, and the Nurses' Congress, at San Francisco next month, left Euston by the boat train on Wednesday morning en route for Liverpool, where they embarked on the *s.s. Philadelphia*. Mrs. Bedford Fenwick, President of the National Council of Trained Nurses, and a number of nursing friends, as well as relatives, were there to bid them God speed. As the long train steamed out, our delegates appeared at the window with flowers, the gift of the Council, in their hands. Crimson roses, white carnations, and blue corn-flowers—their national colours, and fragrant pink Maryland roses, symbolical of the country for which they are destined.

THE PASSING BELL.

We regret to announce the death of Mabel Bourke, who was drowned by the sinking of the *Lusitania*. Her contemporaries of nearly thirty



MRS. BOURKE, née ENGLAND.

years ago at Charing Cross and the Metropolitan Hospitals will remember her before her marriage as "Baby England." She commenced her training at a younger age than was usual, and her slight build and gay manner made her appear younger than her years. But underneath the wayward charm of the girl lay the true nursing vocation. Dainty, neat, agile and thorough, she was, in addition, adored by her patients.

She held the certificate of St. John's House, and the L.O.S., and took her fever training at the Liverpool Road Fever Hospital.

Some years later she practised as a midwife in Bethnal Green.

"When the shore is won at last,
Who shall count the billows past?"

May she rest in peace.

NURSING ECHOES.

The Nurses' Economic League has not yet been officially founded. The urgent need for such a League—to be affiliated later on, let us hope, to the National Council of Trained Nurses—will be discussed at the Morning Session of the Nursing Conference to be held in London on June 17th next. The scope of this League will not be restricted to attempting to secure just remuneration for private nurses on military service, but should in time become the medium for acquiring a complete knowledge of nursing economics, and of protecting trained nurses from exploitation in several directions. Trained nurses must, however, realise that they will have to co-operate unselfishly for the common good, if they hope to secure individual protection. This so far very few nurses have recognized.

Last week we made a point of attending the Nursing and Midwifery Exhibition at the Horticultural Hall, Westminster, in order to come into touch with the nurses who visited THE BRITISH JOURNAL OF NURSING Stand, and were more impressed than ever with the hopeless condition of the nursing profession generally. We do not allow that poverty is any excuse for a slovenly appearance—and we longed to have brushed a good few cloaks and bonnets; but with the spiritless appearance of many nurses who passed, their tired and dull faces, their ignorance of professional affairs—and worse still the brainless complacency of the minority—poverty may have much to do.

"I really cannot afford a penny a week for a nursing paper—we have to count every half-penny," said in effect more than a dozen nurses. "It's no use taking a nursing paper," said others, "we have no time to read it." "When I'm done, all I want is bed," said another. But the intelligent minority were all sound on State Registration. They fully realised that without an Act of Parliament to define their professional training and education, and to protect their work, any attempt to raise their status is quite futile. Which of course is the truth.

Quite a few Commandants and V.A.D. workers entered into conversation. The majority appeared to consider a professional paper superfluous. They were certified and medalled, and what more was necessary? Here is the danger. We agree with the auxiliary military hospital matron who stripped the volunteer probationers' uniform of all "exer-

scences," especially the staring Red Cross worn on the apron, and then began to give them the elementary practical instruction they required. The substitution of theory for practical ward work and clinical teaching, is the fundamental error of Red Cross nursing.

One thing was very hopeful—all the London Hospital nurses with whom we spoke confessed to being convinced registrationists, and realised the injustice of disturbing the three years' term of training, by being sent out private nursing in their third year. Indeed, so disadvantageous do the nurses find this system, that several have recently interviewed the Matron, and expressed their opinion that the third year's practical training in the wards should be consecutive, and not taken haphazard after a term of private nursing. Unless they produce evidence of having spent three years in the wards, London Hospital nurses wishing to work in New Zealand cannot now be registered. Anyway, unless emigrant nurses have to pass the New Zealand Central Examination for Registration, it is very unfair on the Dominion's nurses. Let us hope a Bill will soon be passed in this country providing for reciprocal registration—that is the only just system.

The Queen Victoria District Nursing Association in Sheffield has just held a house-to-house collection, and we hope a very handsome sum has been received.

The Queen's Nurses were started in Sheffield in 1903 when Mr. Wycliffe Wilson was Lord Mayor, and the work began in quite a small way in a little house in Gell Street, with three nurses and a working superintendent. It has grown until there are twenty-six nurses. Some of the most experienced have been called out for war service, and these have been replaced by others, whom it has been necessary to train in the particular methods of district nursing, which requires special tact.

During the last six years, Miss Hancox has, in the position of Superintendent, most ably fulfilled the task of organising the work of the nurses. She has brought this public service to a pitch of excellence where it is of great value to the city. Calls for help come through doctors, clergy, district visitors, works, sanitary inspectors, the Guild of Help, and other organisations, and any private individuals who know of cases. The Association has only two rules: There must be a doctor attending the case, and the patient must belong to the working classes.

The Association is undenominational, and is

a charitable organisation with no settled income with the exception of certain grants. The Corporation has shown its appreciation of the services of the nurses by giving them free tram passes all over the city up to £5 a year for each nurse, but it is a proof of how extensive is their area, and how many are the calls upon them that £10 in excess for car fares appears on the books.

We have received from the National Food Reform Association a fat little pamphlet of Facts for Patriots, which contains most invaluable information on the Use and Abuse of Vegetables, The Place of Fruit in the Diet, Sweets to the Sweet, The Staff of Life, and Why a Pure Food Act is Needed. To raise and secure the quality of food, its cooking and serving is now a patriotic duty and service of the highest order. There is no doubt of this in the minds of those who have evidence of how our soldiers are often fed. We need fewer amateur nurses, and more thoroughly skilled cooks. If more girls with time to spare would train to feed the Army, they would be playing a splendidly patriotic part. Facts for Patriots, price 3d., will help them to realise this fact.

PROPOSED NURSING SERVICE FOR THE WORKING CLASSES.

On the proposed Nursing Service the Representative Body of the British Medical Association welcomes the proposal of the Government to establish a Nursing Service to be utilised for the whole working-class population, and is of opinion that when established it should be under the control of the proposed new Joint Clinical Authority, composed of representatives of the Insurance, Public Health, and Education Local Authorities, with representatives of the Local Medical and Panel Committees, and of the Local Hospitals, or under the Insurance Committee, strengthened for this purpose by the addition of representatives of the above-named bodies.

We hope that the Nursing Profession will be given adequate representation on any Authority to establish a Nursing Service for the working classes. The great defect in the composition of committees which govern the County and District Nursing Associations, is the exclusion of sufficient expert representation. The poor are therefore at the mercy of social patronage in sickness, as apart from well-considered expert organization. We hope the British Medical Association will keep this point of view in mind.

STATE REGISTRATION.

The *Canadian Nurse* says nurses everywhere should study the question of Registration as they have never studied it before, for never before has the lack of legal status wrought such wholesale injustice, and, as usual, it is the sick who are the greatest sufferers. It is true the sick have suffered at the hands of the pretender many a time, but the injustice stands out more glaringly when our brave soldiers are the victims.

The following excerpt from the *Canadian Journal of Medicine and Surgery* gives the truth plainly.

"SOB-SISTERS."

"It is well for the nerves of the soldiers that they can laugh, and some amusing remarks from even their censored letters have been 'going the rounds' in Toronto about the brigade of 'sob-sisters' who have usurped the rights of the trained nurses and made the sick beds of the men anything but beds of ease.

"It is bad enough to be in the grip of pain from wounds, be they won ever so gloriously, but to have to 'put up with a kind but clumsy young woman gushing over me, sticking every pin in as if one were a human pin-cushion, being burned with a hot-water bottle—well, it's more than we bargained for.' It is not right. It is only fair that trained nurses under strictest discipline, who know their work, and whose business it is to do it faithfully and well, should take charge of the wounded. No wonder strong protests come from surgeons and men alike at the nuisance these kind but misguided young busybodies make of themselves, and how their violent and untrained efforts often seriously retard the recovery of their soldier victims.

"What a pity these 'sob-sisters' cannot 'see theirselves as ithers see them' and go home, join the knitting brigade, and get busy praying (as every woman should do) for Peace."

We hear from Melbourne that it is hoped the Australian Nurses' Registration Bill will come up next session. Dr. Hornan, the President of the Australasian Branch of the British Medical Association, is a very good friend to the nurses, and has promised his help, and with Sir Ronald and Lady Helen Munro-Ferguson at Government House, the Bill should have a good chance of becoming law, as it should have done long ago in a country where women are enfranchised.

PRACTICAL POINTS.

OUTSIDE THE GATES.

Substitute for a Lounge Chair.

Where a lounge chair is desirable for a patient, and not procurable, an excellent substitute may be supplied by a cheap canvas deck chair, which may be bought for as little as eightpence. A leg rest can be made of a long, narrow wooden box, obtainable from any grocer. It should be the height of the chair seat, and should be covered. Three pillows in loose covers will turn such a chair into a comfortable lounge, one to fill the seat, another placed on end against the back, and the third as a head pillow across the top. In chronic cases, when the supply of cushions happens to be limited, it is worth while to make day covers for pillows. Blue or pink casement cloth, if cut two inches wider on every side than the ordinary pillow-case, run up on the wrong side, turned, and pressed and then machined all round two inches from the edge, makes a cheap and pretty cover for pillows or cushions. It is also washable.

To Extract Lemon Juice.

When extracting the juice from a lemon more can be obtained if the fruit is first warmed, either by placing in the oven for five minutes, or by covering it with boiling water for two or three minutes.

Treatment of Wounds.

In a synopsis of an article in a Berlin medical journal quoted by the *American Journal of Nursing*, it is stated that the aim in dressing a wound should be to keep away further irritation from without. The tissues have certain defensive powers which aid in checking the growth of the germs at first. Nature shows us in a scab the ideal to aim for in a dressing.

To Cleanse the Hair.

It is often desirable to cleanse the hair of a patient when a wet shampoo is inadvisable. This may easily be effected by rubbing into the hair a tablespoonful of powdered orris-root (bought cheaply by the pound) and brushing it out again with a couple of clean brushes. This removes all dust and grease and leaves the hair soft and fluffy.

THE GREYNA DISASTER.

It would be difficult to transcend in horror the appalling train disaster at Gretna, near Carlisle, last Saturday, when so many of the officers and men of the 7th Territorial Battalion of the Royal Scots lost their lives. The resources of the Cumberland Infirmary, Carlisle, have been taxed to the utmost to provide for the injured, but we are sure that every possible alleviation which skilled nursing can give is at the service of those committed to the care of Miss Sylvia Parker, the Matron, and the nursing staff.

The patient people have at last impressed the powers that be that what they need, and must have, is a National, as apart from a Party Government—they want a Committee of Public Safety and they want it soon. The women would of course, like to see a sprinkling of their sex on the Front Benches, but as presumably many legislators fear a male enemy less than a female friend—the patriotic sex *par excellence* will possess their souls in patience until after the war. Then let us hope the monstrous regiment of widows will claim power to prevent a recurrence of this abomination of desolation.

Someone of colossal brain power is always forgetting the idiosyncracies of the lesser man. "I forgot Goschen," the exclamation of Lord Randolph Churchill on the morning after his resignation, has now passed into a parliamentary proverb. Bismarck forgot Queen Louise of Denmark, when in 1866 he annexed Schleswig Holstein to the Prussian Crown. He forgot she was the mother of the loveliest and most spirited Princesses in Europe, and the potential grandmother of the future King of England, and the Emperor of All the Russias! Indeed statecraft requires a very far-seeing eye, and it cannot afford to discount the power of the eternal feminine. Queen Louise never forgave Bismarck for the dismemberment of her kingdom—neither have her imperial daughters forgotten the past, and this is well realised in the Williamstrasse.

In all the turmoil of war, someone forget the patriotic daughter of little Montenegro. Now the Triplice is no more. Italy has declared war on Austria. The crowd before the Quirinal on Saturday evening did not forget it. How should they when Queen Elena with the King, stepped on to the balcony which faces the statue of Garibaldi, and in view of 150,000 Romans, with great emotion kissed the historic standard of Rome. "Viva il re," "Viva l'Italia," "Viva Montenegro," yelled and cheered the voices below. The Queen was moved to tears, she waved her handkerchief and then dried her tears. After nine months of waiting the country of her adoption is marching to aid her native land. It is very unwise to "forget our Goschens."

The Countess Brassey writes: "On behalf of the Women's Service Bureau, I appeal for funds towards housing accommodation at Aldershot to enable a staff of voluntary women workers to serve the sixteen canteens for our 230,000 troops in the district. The Young Men's Christian Association urges us to send these workers, and to send them quickly." Viscountess Brassey has undertaken to be the treasurer of the scheme and donations, however small, will be gratefully received by her at 24, Park Lane.

BOOK OF THE WEEK.

"MAIDS OF SALEM."*

"Above in the side gallery, within the Maids' Pew, a girl had laughed! The boys seated on the pulpit stairs nudged each other as the square-toed shoes of vengeance for once passed them by and creaked to the gallery. Korah Putnam, who better than any other urchin in Salem knew the taste of the God-in-office, wrote a name with his stubby forefinger on the sanded floor.

" 'Fay Gay!'"

"In the Maids' Pew all were preternaturally grave. A girl in a white muslin sprigged with roses, pink ribbon quilled into roses within her hood, roses in the tucker about her pretty neck, sat marooned as it were, her companions ostentatiously drawn away from her to the pews' limit.

"The minister's voice spoke solemnly from the pulpit.

" 'Favour Gay, stand forth!'"

"The girl thus hailed rose to her feet, a lovely creature of fifteen or so, though the tints and dimples of a Dresden china shepherdess no longer shined in her frightened face."

In indignation at the punishment meted out to the girl, a stranger from the Bachelors' Pew opposite sprung clear into the aisle. Obadiah Turner, about to drag forth the bundle of rose-sprigged muslin and sobs, found himself grappled from behind by a strong arm.

The punishment recoiled on his own head, and he was sentenced to sit in the stocks till sundown, where one-eared Zebah elected to sit with him, and pretty Fay surreptitiously brought him her own dinner, so there were mitigations.

All this happened in New England in the early part of the seventeenth century.

This dainty, graceful piece of girlhood was suspected of witchcraft. Her escape from prison caused the arrest of her gentle and spiritual mother, who in her turn lay under the terrible accusation of those superstitious times. Her refusal to disclose her daughter's whereabouts was balanced against the "white name and bearing of the woman, and the opinion of the judges was wavering towards dismissal when Judge Sewall cried out in a great voice:

" 'Widow Gay, Widow Gay, nigh a year ago I was warned in a vision of witchcraft a-brewing in your house, and when I bade you confess, it has since seemed to me that you laid a spell on me to lull my suspicions.'"

"A woman alone among men. Stripped of her garments by callous hands, surrounded by gloating eyes searching the fair trembling body for scar, mole or freckle, such a devil mark as should prove her a witch. Love was yet capable of thankfulness that she and not her child had had the pain and shame.

* By K. L. Montgomery. John Long, Ltd., Haymarket.

"Tell us what you know and you shall have your life," she was bidden at last, but Love Gay did not speak. Her life with Favour's at stake!

"Let her die as she will," said Governor Phipps. "Ye have still three days and nights."

Three days and nights of torture and ceaseless command, "Confess! Speak!"

Outside summer sunshine and summer dusk, humming birds resting among roses, free winds blowing over laughing waters.

It was on the third night that the men, striving to break a woman to their will, gave an exultant shout.

"She speaks—speaks!"

Thickly whispering, the parched lips, the swollen tongue had broken silence. "Jesus—and again Jesus."

He who put the rope round her neck said she whispered one word, what he could not hear. The radiance on her face had hardly faded when the heralds sounded welcome from the other Shore.

H. H.

CONFERENCE DAY, JUNE 17th, 1915.

A Day's Conference, convened by the National Council of Trained Nurses, will be held on June 17th, at the Rooms of the Medical Society, 11, Chandos Street, Cavendish Square, London, W. The Morning Session will be devoted to Papers on the "Duty of the Trained Nurse in War," when a Resolution on the State Registration of Trained Nurses will be submitted, and the need for a Trained Nurses' Economic League will be discussed.

Mrs. Walter Spencer has most kindly invited those attending the morning session to luncheon at 2, Portland Place, W.

At 3 p.m. the Afternoon Session will open, the Papers to be grouped under the heading of "The Place of the Imperial Mother in Peace and War."

Mrs. Bedford Fenwick, the President, will give the opening address on "A Scheme for Social Service in relation to the Soldier: (a) Scientific Domestic Management; (b) Personal Hygiene; and (c) Preventive Nursing." Each of these Sections of Service will be subdivided, and supported by experts.

Before the Meeting closes, Mrs. Fenwick will propose the organization of a new secular Order of Sisters, to make it possible for women of the nation to perform their duty in relation to the Navy and Army in peace and war.

Tickets (free) for the Conference can be obtained at 431, Oxford Street, London, W.

BEATRICE CUTLER, *Hon. Secretary.*

WORD FOR THE WEEK.

Oh! weary souls so laden with earth's sorrows,
Oh! aching hearts so saddened by earth's pain,
Who in your griefs hope for no bright to-morrow,
Arise! be strong—take courage once again!

R. Main.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

THE MARIE JOSÉ MEDAL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—On reading your paper to-day I noticed a paragraph relating to The Marie José Medal, given to the English Nurses—who nursed in Brussels before and after the Germans entered—as given by Belgian Red Cross Society. In a letter to the head doctor (which I had the privilege of seeing) at the Palais Royale, the Queen of the Belgians specially expressed a wish that all English Nurses were to receive this medal with her grateful thanks. I do not know whether this fact has been brought to your notice.

ONE WHO NURSED IN THE PALAIS.

[Her Majesty the Queen of the Belgians is the President of the Belgian Red Cross Society, and those English Nurses who were awarded the Marie José Medal for nursing in Belgium in the early days of the war, will appreciate the fact that the grateful thanks of Queen Elisabeth prompted its bestowal.—ED.]

MOST UNFAIR TO TRAINED NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have been working in Belgium and France on and off since the beginning of the War, and think trained nurses have grave cause of complaint against the societies which select and send out young, very inefficiently trained nurses as *trained*. These young women may start out as probationers, orderlies, ward maids, scrubbers, cooks, or what not, but they all wear our uniform and sooner or later nurse the wounded in the wards. Several French doctors, clever men, have remarked to me how surprisingly ignorant are "English Nurses," and it is useless to try to explain that they are amateurs. Then the discipline in several hospitals bossed by lay "directresses" leaves much to be desired. The Matron is usually ignored, and the nurses get entirely out of hand. I know several good women, who have resigned and left these lay-managed voluntary hospitals in disgust. This is a serious thing for the status of trained nursing in France, and one cannot wonder the ladies of the Croix Rouge wish we would all stay at home.

Yours truly,

TRAINED AND IGNORED.

QUALIFICATION ACCORDING TO OFFICIAL STANDARDS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I notice that while, in view of the imminent shortage of nurses, it is proposed

that women with varying periods of training in civil hospitals shall be admitted as workers in military hospitals, the proposition to meet the increasing shortage of medical practitioners in the military services, as well as in the civilian population, by giving legal status to the numerous unqualified assistants who "at one time acted as the right-hand men of general practitioners" meets with no favour.

I read in my morning paper in connection with the above proposition:—

"There is but one sure test of an individual's fitness to undertake the responsibilities of a physician or surgeon, and that is, of course, qualification according to official standard. Doubtless there may be men, such as senior students, dispensers, and one-time assistants, who have sufficient practical knowledge to carry out some of the regular daily tasks of a doctor, but it would be a dangerous precedent, and clearly not in the public interest, to license such without subjecting them to an academic ordeal."

It is precisely because the same holds good of members of the nursing profession that we fear the invasion of its ranks by women who enter them for a short term during the war. By all means increase as largely as possible the number of regular probationers in training, but it is not in the public interest to employ a number of unqualified persons who after the war will expect recognition as trained nurses.

Yours faithfully,

MATRON.

NOTICES.

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps for service in France can be interviewed by arrangement with Lady Barclay, 60, Nevern Square, London, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Friday, May 28th, from 2.30 to 5 p.m., to see candidates, who must be well educated and hold a certificate for three years' training. Experience of fever nursing is an additional advantage. Nurses speaking French are preferred.

OUR PRIZE COMPETITIONS.

June 5th.—Describe the disease known as black measles, and how to nurse it.

June 12th.—What is an intravenous infusion, and how is it applied?

June 10th.—What are the points to be observed in caring for a case of nervous shock.

June 26th.—What symptoms would lead you to apprehend the onset of (1) sapraemia, and (2) septicæmia in a lying-in woman?

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

The Midwife.

POST GRADUATE WEEK AT THE GENERAL LYING-IN HOSPITAL, YORK ROAD, S.E.

(Continued from page 455.)

TUESDAY, MAY 18TH.

On Tuesday evening Sister Olive showed a number of beautiful lantern slides, and explained each briefly and concisely. She began by saying that both she and Dr. Fairbairn were great believers in teaching by pictures. The slides included illustrations of contracted pelvis, the muscles of the pelvic floor, uterus at term, ruptured uterus, the bacillus coli, tubercle in milk, some interesting charts, and many others.

WEDNESDAY, MAY 19TH.

BABY CLINICS.

On Wednesday the day's programme began at 11.30 with baby clinics by the Ward Sisters. Sister French, who is well known by her work on "Babies" conducted one party.

She began by discussing the method of three-hourly, as against two-hourly feeds for the newly born infant. She said that she was of opinion that a vigorous type of baby did very well on three-hourly feeds, but she did not recommend it where the child was not robust. All babies in the York Road Hospital were allowed to sleep for six hours undisturbed every night. At the end of a month any baby should be able to do on three-hourly feeds.

All "Cæsar" babies were breast fed, unless of course some condition existed that made it inadvisable.

Some infants, she said, when they appeared to have indigestion would do well if put on stronger feeds. She was more and more convinced that angry or sore buttocks were an indication of intestinal indigestion; the gastric indigestion of course, was indicated by vomiting.

Speaking of peptonised milk and its value in some cases, Sister French said that she had observed that weight did not increase, on this diet. Cow and Gate milk was useful to discharge an infant with, when it could not digest cow's milk, as it was easily prepared and not very expensive. Her objection to condensed milk under the same circumstances, was that the mothers could not be induced to discontinue it once it was begun.

All infants artificially fed were also on orange juice.

Sister French does not believe in an infant who refuses the breast being starved into taking it, as it merely becomes more disinclined for food. Patience and perseverance are her remedies.

Premature twins were shown in a tent by the

fire, where the temperature could easily be kept up to 80 degrees. A blanket formed the tent lining. This she preferred to an incubator, as everything could be done for the infants without taking them out of their surroundings.

She spoke of her increasing conviction, in the rearing of infants, of the need of two things:— 1. Isolating them from one another; 2. Fresh air. Dealing with 1, the class had the benefit of a demonstration on changing a baby. Everything for each infant is kept separate, and is prepared on a low table ready for use. Unless the baby is very dirty soap and water are not used, but the buttocks are smeared with olive oil. After changing, the nurse washes her hands in the basin in readiness and attends to the eyes, &c. Before changing another baby, the table is cleared of every article, the nurse washes her hands thoroughly and the table is re-laid with fresh requirements. Patent napkinettes have been discontinued in the hospital, as it was estimated that their cost was £300 yearly. There is now a home laundry which deals with napkins only and this has proved successful. The washing out of the bowel for intestinal indigestion was the next demonstration, the ordinary saline mixture being used.

The two methods of the senior obstetric physicians in treating the cord was explained.

Dr. Fairbairn prefers to have the infants bathed in the usual manner; and Dr. Darvill Smith does not allow them to be placed in the bath till after the separation of the cord. Sister French considered there was little difference in the result.

PREGNANCY AND THE NERVOUS SYSTEM.

In the afternoon, Sister Olive lectured on Pregnancy and the Nervous System.

She began by giving an outline of the nervous system generally, and of its various functions. She pointed out some of their most interesting characteristics, and instanced how, in craniotomy, the operator would always first attempt to destroy the medulla oblongata, and it was the centre of co-ordinated movement. In a case where this had failed to be accomplished, she had herself seen movement, even after the head was crushed.

She spoke of the different poisons which affect the respiratory centre, and the effect of morphia on cases of eclampsia. In the Rotunda Hospital, they push this treatment by large doses, the respirations having been known to fall to twelve. The preparation of morphia, which is said to effect painless labour, useful as it certainly is in certain cases, passes through the placental circulation to the infant, and causes depression of its respiration, which often means an anxious time for the midwife. The lecturer pointed out the effect of forceps pressure on the facial nerve,

and the resulting paralysis. A baby's brain, she reminded her class, at birth weighed an eighth of the whole body, and developed more in the first two years than in the whole of its subsequent life. Its nervous system was very unstable, and she would almost say that a stupid, placid woman made the best nurse. It was a mistake to be always talking to and jumping an infant about. It should be kept as quiet as possible.

Pregnancy had a great effect on the nervous system. A great authority had once said that a pregnant woman was affected to her finger tips. The disturbances, however, were functional; there were no physiological changes to account for it. Pregnancy would find out the weak spot in a woman. She instanced sickness, depression, alteration of temperament, indigestion, longing for different food. She herself believed that the latter was often caused by auto-suggestion.

It was important that midwives should learn to recognise different types among their patients. They should let their patients talk to them, instead of talking themselves. Sister Olive said that the Christian Scientists had taught us a good deal of the power of the mind over the body; and the best midwives were probably those of a sanguine temperament. She thought great care should be taken about what was said before a patient, and had known that when after examination, a second vertex was diagnosed, the woman was convinced it meant twins.

"The patients," said Sister Olive, "are my children; I have an immense respect for the working class."

She concluded her lecture, by urging the class to enter for the examination at the end of the week. "It doesn't matter if you fail," she said, "no one will know; I am sure THE BRITISH JOURNAL OF NURSING won't post it up."

The post graduate class owe an immense debt of gratitude to Sisters Olive and French, for lectures on subjects, of which all privileged to be present, must have been impressed that they are past mistresses.

BACTERIA.

Dr. Fairbairn, in his lecture to pupil midwives to which the post-graduate class were invited, said that though bacteria were evil creatures we could not get on without them as a whole. They often acted as scavengers.

The ideal conditions under which moulds grew would be found in a dark damp cellar, if it were warm in addition, so much the better. Bacteria were rather lower in the scale of vegetable life than moulds, and like conditions would be favourable to their growth. They could not grow without moisture. He instanced a piece of toasted bread, and a piece of soaked bread kept for a certain time in a dry place. The dry piece would remain as it was, but the sop would smell and eventually become mouldy. In hot climates meat was often dried to prevent putrefaction. Bacteria grew best at body temperature; cold or heat checked their growth.

Boiling killed them outright, though some spores would resist this for twenty minutes. Strong sunshine would kill bacteria. Some were averse to fresh air. In the gas gangrene so often met with on the battlefield the treatment was to open up, let in the air, and insert tubes.

Most cocci, like seeds, liked to find a suitable medium. The moment they fell on anything suitable they would grow. Dust was full of bacteria of all sorts and kinds, ordinarily putrefactive bacteria, but not pathogenic. The living cells of the body had a great objection to bacteria.

The seriousness of infection by bacteria would depend on two things:—

1. The virulence of the organism.
2. The resistance of the patient.

Dr. Fairbairn explained that the streptococcus, while it might in one patient produce perhaps from an old abscess, some degree of puerperal fever, yet this infection, if conveyed to another patient, increased in virulence, and the risk would be ten times as great. He explained also the difference between sapræmia and septicæmia.

Speaking of the former, he said that the uterus was a first-class incubation chamber—dark, warm, with debris where bacteria could live and enjoy themselves. The infection in sapræmia was enclosed in a sort of pocket, and did not escape into the actual blood stream.

In septicæmia the blood stream was infected and the infection was carried by it all over the body. Recovery would depend on the amount of the patient's resistance. In the case of retained membrane one had to remember in removing it that in scraping or scratching the uterine wall the blood cell fortifications (which he compared to wire entanglements) were destroyed, thus enabling the bacteria to escape into the blood stream, which was exactly what they wished. It was a question whether to leave these membranes alone or to scratch them away and risk septicæmia.

THURSDAY, MAY 20TH.

DEMONSTRATION IN MILK KITCHEN.

On Thursday morning Sister Morley gave a demonstration in the Milk Kitchen to a large and interested audience, on the preparation of modified milk for babies. Every pupil at the General Lying-in Hospital has to serve for a fortnight in this kitchen, where the feeds for all the hand-fed babies in the hospital are prepared. The amount for each baby for the 24 hours is carefully measured and mixed in correct proportions, divided into the number of feeds required, each feed put into a separate bottle, which is then sealed, until required for use, when the baby's own teat, which is kept in a separate enamel pot with lid, is attached.

The feeds are prepared with "top milk," i.e., milk which has been allowed to stand for the cream to rise. The lower portion is then drawn off (easily accomplished by placing the milk in a douche can) and when the cream has risen, drawing

off one-third, half, or two thirds, as the case may be. Thus to make 30 oz. of modified milk, take (for instance) 10 oz. of top milk and 20 oz. of water. To this add citric bicarb. 2 gr. to the oz., and two tablespoonfuls sugar of milk (lactose).

Sister Morley also discussed the advantages of pasteurized and sterilized milk. The former is brought to a temperature of 155 deg. to 160 deg. Fahr., and maintained at this for twenty minutes, when it is rapidly cooled; and sterilized milk, which is brought to a temperature of 212 deg., maintained at this for twenty minutes, and cooled down in the same way.

At York Road the cream used is sterilized for a few minutes, so is any condensed milk. A good

counteract their loss of moisture, owing to the warm temperature in which they are kept. These babies are not washed, but are oiled once in three days. They are kept in tents maintained at an even temperature, which are found to answer better than incubators.

In regard to the dieting of the mothers, Sister Morley said that they are fed every two hours. Cheese, cocoa, and raw meat sandwiches are all valuable constituents of their dietary.

The distress of the War has affected the hospital's patients, and there are many more premature babies than in ordinary years.

In the afternoon, the class met at the hospital, at 2.30 p.m., and then divided—one division going



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LYING-IN ROOM. XVI CENTURY.

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of the Wellcome
Historical Medical Museum.

condensed milk in the proportion of 1 in 16 is sometimes employed with good result, and out-patients are advised to use it, especially in hot weather in preference to uncertain cow's milk. It should not be continued indefinitely, and orange or grape juice (half a drachm) should be given between the feeds. Virol, or whey mixture are sometimes added to the milk with advantage.

At York Road the babies are normally fed every three hours during the day and every six hours at night. Delicate babies are fed oftener if necessary, and have some stimulant, sherry or brandy, 1 drop in 4 three times a day, four hourly, or in the case of a blue baby every hour. Saline is also given by rectum to these babies (2 drachms) to

visit the Wellcome Historical Medical Museum, and the other to the Marylebone Infants' Clinic.

THE WELLCOME HISTORICAL MUSEUM.

Those members of the class who visited the Wellcome Historical Museum at 54A, Wigmore Street, W., on Thursday afternoon were astonished and delighted with the unique international collection illustrating the History of Medicine and the Allied Sciences gathered together by Mr. Henry S. Wellcome. It would take days, if not weeks, to make an exhaustive study of all its treasures; for Thursday's party the collections referring to midwifery and maternity nursing were of the greatest interest, and these were

pointed out by the curator. In the Hall of Statuary there is an interesting collection showing the evolution of the speculum, from the straight tube used in conjunction with a small mirror to the more elaborate one of the present day. Similarly the evolution of the enema syringe is shown. In the oriental alcove is the Chinese goddess of ophthalmia, one of the nine Goddesses of maternity. Another interesting section is that showing forceps in different stages.

In the Gallery of Pictures the frieze representing the incised sculptured reliefs in the birth-house at Luxor, illustrating the birth of Amenophis III, 1450 B.C., beginning with Khonum, the creator god moulding the figure of the child and his Ka, or double, should not be missed.

On the ground floor may be seen feeding cups, pap boats, and infant's feeding bottles, the most primitive form of the last-mentioned being a cow's horn with a hole bored through the narrow end.

There is also a most interesting collection of parturition stools and chairs. A Sicilian one in the eighteenth century was believed to possess miraculous powers, and was known as "The Miraculous Chair of Palermo." It was in the possession of a famous family of midwives for three generations and is estimated to have been used in two thousand cases of delivery. On the back is a painting of Christ. We have only space to mention further the sixteenth century Lying-in Room to see which alone it would be well worth while to visit the exhibition. The sixteenth century Italian Hospital Ward, and the Turkish Drug Shop of the seventeenth century should also be seen.

MARYLEBONE INFANT CLINIC.

At the Marylebone Infant Clinic, Dr. Eric Pritchard gave an interesting demonstration, and showed a number of cases. The first a child, in very good condition, weighed 8 lbs. at birth, was breast fed, and gained 5 lbs. in four months. The child was trained to three-hourly feeds during the day, having none at night—from 10 p.m. to 6 a.m. The feeds averaged 4 ozs., which was really not considered sufficient; but the baby was allowed to go on in the same way, as it was doing so well, with the addition of two feeds during the day. It was having cold baths, started at a temperature of 94 degs. Fahr., and gradually decreasing.

Another child was losing weight rapidly, could

not retain any food, and had excessive vomiting. It was sent into hospital.

Next week we shall conclude our report of the Post-Graduate Week.

EXAMINATION PAPER.

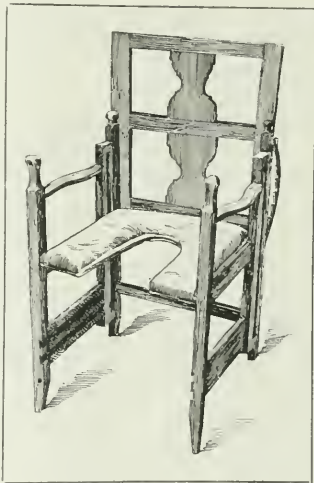
The following is the Examination Paper set on the last day.

1. What questions would you ask, and what advice would you give a pregnant mother who was suffering from (a) headache; (b) constipation; (c) varicose veins; (d) incontinence?
2. Describe in full the abdominal palpation and vaginal examination of a woman with a contracted pelvis, and a transverse lie at the 36th week of pregnancy.
3. How may the urinary tract be affected in the puerperium? Describe briefly the symptoms and signs in each case.

4. Fill in a chart for a premature baby, showing all details of treatment, feeding, &c. Weight at birth 5 lbs.

PRIZE WINNERS.

As the result of the examination the first prize was awarded to Mrs. Annie Jones, practising midwife, Nottingham, and the second prize to Miss N. S. Acheson, London.



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Historical Medical Museum.

PARTURITION CHAIR.

THE RURAL MIDWIVES ASSOCIATION.

The Twelfth Annual Meeting of the above Association was held at 3, Grosvenor Place, S.W. (by kind permission of the Viscountess Hambledon) on May 12th. Owing to the war the Meeting was of a purely business character, Members and Subscribers only being invited to attend. It is gratifying to note that the good work of this Association in the training and placing of mid-

wives in rural districts continues to show satisfactory progress. At the time of the passing of the Midwives Act, interest in the care of mother and infant rested almost entirely with the Voluntary Nursing Associations, but during the past 12 months the Local Government Board has brought forward a scheme with the more far reaching title of "Maternity and Child Welfare." The Rural Midwives Association has been the means of bringing this to the notice of many Nursing Associations throughout the country and it is hoped that at the present time when the future welfare of the nation is a matter of such vital importance, those who have helped this Association in the past will continue their support and that fresh subscribers will come forward to assist in carrying on this important work in the future.

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EDITORIAL.

HELP TO WIN THE WAR.

In the struggle in which this Empire is now engaged, with an unscrupulous and implacable foe, it behoves every one of its loyal sons and daughters to ask themselves what they can do personally to help to win the War. There is no room for drones. It is the duty of everyone to render some service to the State. And, in order that such help should be most effective, organization, discipline, and co-ordination are essential.

It is never wise to underrate one's adversaries, and those acquainted with Germany know that its people habitually live under discipline, indeed, to such minute details does this extend that, in happier days, the methods adopted for its enforcement have not infrequently raised a smile.

But this living by rule, and habitual subordination to official orders, is a source of strength at the present time. Hard-working, thrifty, amenable, it is second nature to a German to accept and carry out the directions of a superior authority.

Independence, on the other hand, is a British characteristic. It is one of which we are proud, and which has carried us far. While discipline enters necessarily, in some form, into the lives of most men, many, perhaps the majority of British women have not been required, or encouraged, to conform to rule. Those of the leisured classes have regulated their own lives, and even those who are self-supporting, whether as industrial or professional workers, are not expected to attain a high degree of skill. They are permitted to earn a bare subsistence, not to enter into competition with their male relations, or to subordinate their wills, and order their lives, to the end that they may become competent members of organized and skilled occupations; so far

the majority of people have not taken the work of women really seriously. If we want an illustration we have only to instance the profession of nursing, the most responsible and highly skilled occupation—if we except that of medicine—which a woman can adopt. Yet, to-day, any woman thinks that she can don a cap and apron and, after a few months' experience, undertake the nursing care of the most serious cases.

There is no doubt however that British women are not only willing but eager at the present time to do all in their power to help, if their energies are directed into the right channels, and one direction in which they can render useful help is in a sphere supremely their own; that of housewifery, if they regard it seriously.

The study of domestic economy is a fascinating, as well as a most practical and useful one, and time is well spent in gaining a knowledge of food values. We have an example of the way in which nutritious food builds up a race in the splendid physique of Scotchmen brought up largely on oatmeal in porridge and oatcake, and in degeneration following a diet of white bread and tea.

If battles are lost and won "on stomachs," as a great military genius declared, then the rôle of the woman who conserves the national resources, who provides soldiers and civilians with food which is appetising, nutritious, and at the same time economical, renders a definite service to the State. When that service is not an isolated act, but one in which every woman takes her share, in co-operation with others, it becomes a service of the highest value. There are many who are unable suddenly to enter a trade or profession, but every woman can do her part to prevent needless waste, and if need be, to enforce frugality, and, by the conservation of the national resources can thus help to win the War.

OUR PRIZE COMPETITION.

DESCRIBE THE DISEASE KNOWN AS BLACK MEASLES, AND HOW TO NURSE IT.

We have pleasure in awarding the prize this week to Miss Linda M. Smith, Brook Hospital, Woolwich, S.E.

PRIZE PAPER.

Black or toxic measles is fortunately rare in this country, but prevalent in China and Japan. The mortality is very high, and the patient is usually a delicate or badly nourished child. It is endemic in character, and cases in this country can occasionally be traced to toys, &c., from foreign parts. Quite often the attack is fatal before the rash appears. The patient appears out of sorts for some days, developing catarrhal symptoms and pyrexia, and is seriously ill by the tenth or twelfth day, and may die in this stage. Should life be prolonged, the high temperature is maintained, and about the fourteenth day the rash appears. The characteristic "Koplik's spots," absolutely diagnostic of this fever, are present on the mucus membrane of the mouth. As in hemorrhagic diphtheria, the membrane of the nose, throat, mouth, and stomach bleed freely. The rash is petechial and of a purplish blue in colour, ring shaped, appearing blistered in the centre. The whole skin surface is very swollen, and this cedematous condition causes a puny infant to resemble an older healthy child. The patient is almost always delirious, and may be convulsed. The tongue is dry, furred, and swollen, very similar to the typhoid tongue. This condition is often followed by death from toxæmia. Should the patient recover, the illness is very interesting from a nursing point of view, although very prolonged. Great care must be taken to avoid complications.

Nursing and Treatment.—The patient must be kept in bed, the temperature of the room 60°, plenty of fresh air allowed, but no draughts. Arrangements for darkening the room are necessary, for eye trouble is almost always present. The body should be washed all over every day, and the bowels well regulated. The urine must be frequently tested for albumen or blood, and measured if only a small quantity passed. For sleeplessness, pyrexia, and delirium, sponging or drugs may be ordered. Treatment will vary with complications, the most important of which are chest complications, which may leave a tendency to tuberculosis. If bronchial pneumonia is the chief symptom, the temperature of the room must be raised to 65° without sacrificing the ventilation,

and a gamgee jacket worn. For bronchitis, usually present in severe cases, linseed or linseed and mustard poultices are sometimes given. If laryngitis is severe, a steam kettle with a half-tent will often afford relief. The eyes must be frequently bathed with boracic lotion, care being taken that all swabs are at once burnt, for the discharge is highly infectious. Otorrhœa is also a frequent complication, and the ears must be regularly syringed and cleaned. The dry, brown tongue must be frequently cleansed with glycerine and borax, glycerine and lemon, and plain water, and the lips greased. The care of the mouth does much for the comfort of the patient, and improves the appetite at the same time. For nephritis or suppression of urine, treatment is the same as if occurring apart from measles, but this complication is rare in this disease.

Diet.—Fluids only should be given in febrile stages, and then little and often. Milk, diluted according to age and condition of patient, should be the staple food. Cold water may be given in abundance, and vomiting avoided. Beef tea and broths make an agreeable change if diarrhœa is not present. Swallowing is usually difficult and painful, but whatever nourishment is taken must be of good quality and at regular intervals. The diet may be gradually increased during convalescence, and a course of cod liver oil may be given with advantage.

The patient is infectious until all discharges have completely cleared up, and isolation must be enforced until then.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss S. Simpson, Miss Gladys M. Rainey, Miss Kathleen Kohler, Miss M. Robertson, Miss T. O'Brien.

Miss Gladys M. Rainey writes:—Two varieties of the malignant type are met with. In the first of these the onset of the disease is very acute, and the patient is rapidly prostrated. The temperature is high and keeps steadily up, the respirations rapid, and the pulse rate much increased. It is characterised by the appearances of hæmorrhages into the skin, together with bleeding from the nose, mouth, and bowels. It is, fortunately, very rare. The patients are usually ill-nourished and weakly children, and invariably succumb. In the second variety of the malignant form the rash is usually ill-developed or absent.

QUESTION FOR NEXT WEEK.

What is an intravenous infusion, and how is it applied?

NURSING AND THE WAR.

Now that Italy, true to her traditions, has joined the Allies, and entered upon the Italy War for the preservation of the liberty and honour of civilised nations, the question of the provision of nursing care for those of her gallant soldiers who are sick and wounded is a matter of primary importance.

Devotion to the sick on the part of religious communities has never been lacking in Italy, but those of our readers who have followed the

history of the modern nursing movement in that country—and it is scientific modern nursing which is needed now—know that in Queen Elena, Italy has a Queen who takes the deepest interest in the training of Italian nurses on modern lines, that the nursing school at the Policlinico Hospital, Rome—under the supervision of Miss Dorothy Snell, an Englishwoman trained at the London Homœopathic Hospital—bears Her Majesty's name—Scuola Convitto Regina Elena—and has her personal support. Italian pupils, trained in this school, are already holding positions of responsibility, and schools organised on the same lines, and in touch with the central organisation in Rome are also at work in other cities. Thus the pioneer work done by Miss Amy Turton in Florence and Rome before the founding of the school at the Policlinico, and by Miss Grace Baxter, a graduate of the Johns Hopkins Hospital, Baltimore, in Naples, is proving of supreme value. Moreover, the active support of such influential Italian ladies as Princess Doria, Signora Maraini Guerriero Gonzaga, and others deeply interested in the education of Italian girls on modern lines in nursing is assured.

The supreme value of the work carried on at

the Policlinico Hospital just now is that it has demonstrated what can, and should, be done for the care of the sick in a hospital where the nursing is well organised.

It is impossible that so young a school can provide a tithe of the nurses who will be required, but it has in Miss Snell, who has the active support of the Queen, a Matron of experience, ability and resource, well qualified to advise on the steps to be taken in regard to the provision of nursing care in this time of national emergency and to organise a scheme; and our Italian sisters may rest assured

that not only sympathy but practical nursing help will be forthcoming from this country, if they intimate their desire for such assistance.

One of the pleasures of this sad time is that it has brought us into personal intercourse with many nurses from our Colonies and elsewhere, whom hitherto we have only known by correspondence, not least with Miss Hester Maclean, President of the National Council of Trained Nurses in New Zealand, besides, as our readers are aware, holding a number of important official positions. Last week, notwithstanding her numerous engagements, Miss Maclean found time to dine one evening with the officers of the International Council in this country, and it was a great happiness to have so honoured

and congenial a guest, and the pleasure appeared mutual.

On Wednesday morning Miss Maclean, Miss Nurse, and the New Zealand nursing contingent left Paddington *en route* for Egypt, where their services cannot fail to be of the greatest value. Later Miss Maclean hopes to return to England, where she is assured of a warm welcome.



MISS DOROTHY SNELL,
MATRON, SCUOLA CONVITTO REGINA ELENA, POLICLINICO, ROME.

QUEEN ALEXANDRA'S HOSPITAL FOR OFFICERS.

The selection of Highgate as the locality for Queen Alexandra's Hospital for Officers was a very happy one. Bracing and healthy, the climate is most suitable for sick and wounded officers, it is most accessible, and few Londoners realise what a beauty spot is within a stone's throw of the Metropolis. Just now it is seen at its best, the trees with their fresh green, and copper beeches, lilacs, pink and white horse chestnuts, and laburnums a feast of colour.

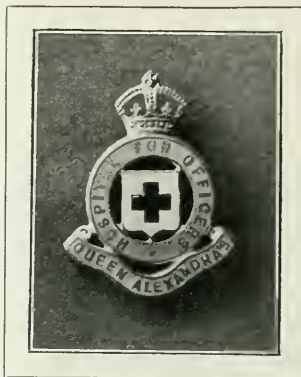
The garden at the Hospital for Officers, surrounded by beautiful trees, affords a most peaceful environment for the patients, and as every bed can be wheeled on to the verandah they are able to fully enjoy it.

On Thursday in last week Queen Alexandra honoured the Hospital with a visit, and stayed for an hour and a half talking to the wounded officers. Before doing so a pleasant little ceremony took place, when Her Majesty accepted from Mr. Herbert Paterson, the Hon. Surgeon in charge, the badge here illustrated, designed by the Committee for the staff. The centre is a red cross on a white enamel shield, enclosed in a circle of blue enamel with gold lettering and surmounted by a gold crown. Her Majesty gave much pleasure by wearing the badge during the remainder of her visit.

She then presented badges as follows:—To Lady Mond, representing Sir Alfred Mond, Chairman of the Hospital; to Mr. Herbert Paterson, Hon. Surgeon; and Mrs. Herbert Paterson, Hon. Housekeeper; to the Matron; and the following members of the

nursing staff: Miss Bertha Caron (Sister) and the Misses Mabel Stewart, Muriel Rendle, White, Jack, Rose Alderson, Dorothy Pope, Matteson, May Roberts, Maclean, and Cossy. The badges

of Mr. Paterson and Miss Sinzinnex were made in blue and gold; those of the rest of the nursing staff in blue and silver. Before leaving Queen Alexandra was pleased to express her approval of the arrangements made for the care of the patients, and indeed everything has been thought out in a wonderfully complete way. We may emphasise also that the nurses, who are all fully trained, receive the fee of two guineas a week, this having been stipulated by Mr. Paterson.



THE BADGE, QUEEN ALEXANDRA'S HOSPITAL, HIGHGATE.

number of sick and wounded men sent home for treatment. We were cruel enough to invite one of these ladies to prepare a little paper on Military Nursing and Registration for the Nursing Conference on June 17th. From her reply we learn, "I should lose what little sleep I get if I attempted

to write a paper just now. I have had no holiday for eighteen months, and then it was sick leave, so I am naturally rather tired, but one must not think of that, only of how best to keep going. I will come to the Conference if I can, and am more than ever convinced of the necessity of State Registration, chiefly on account of the necessity of improved teaching in the training schools. One expects individuals to vary in capability; some



MRS. MAXWELL ST. JOHN, R.R.C., AND STAFF OF ANGLO-FRENCH AMERICAN HOSPITAL, NEUILLY-SUR-SEINE.

must be better than others; but after seeing a great variety of nurses from hospitals, both large and small, working together on the same level, I am greatly struck by the difference in the training (or lack of training) in the hospitals. A State Examination would compel Hospital Committees to pay more attention to the teaching given to their nurses. It all seems to depend on the Matrons now."

Is this not sadly true? We also have interviewed hundreds of nurses from all over the kingdom since the outbreak of war, and have been more than ever convinced that, in return for their three or four years' hard work, many committees are providing the minimum of instruction for their probationers. Many certificated nurses are stupendously ignorant of the very elements of the theory upon which their practical work should be founded. Registration and only registration will enforce reform in this particular. Thorough education is costly, especially of a professional nature, and in our opinion the time has come for the managers of Nursing Training Schools to seek endowment, as was wisely done at St. Thomas' Hospital by the late Miss Florence Nightingale.

Our illustration on page 480 shows Mrs. Maxwell St. John, R.R.C., and the staff of the Anglo-French-American Hospital pour Malades Militaires, Neuilly-sur-Seine, where she is Matron. There is a staff of eleven trained nurses and four probationers.

The news from Serbia is happily reassuring, typhus, relapsing fever and enteric are all diminishing, and Colonel Hunter and Lieut.-Colonel Stammers sent out by the British Government, are in touch with the Parliamentary Sanitary Commission at Nish. All their recommendations have been accepted by the Serbian authorities, and they have had the warmest welcome from the Serbian Government. Their first care was to break the lines of infection between the troops and the rest of the country.

To effect this three principal steps were taken. First quarantine stations were established behind the lines; second, notice was given that all railway communication would be suspended for

fifteen days; and, third, all leave from the Army was stopped, and all soldiers on leave were immediately recalled, so that there might be no danger of reinfecting the railway after the disinfection, which was to be carried out during the stoppage.

Mrs. St. Clair Stobart has also sent an interesting account of the Stobart Women's Tent Hospital, which has appeared in the press. As the only fully equipped tent hospital it is a source of much interest and instruction to both civilian and official visitors. The good work is also being extended by dispensing work. Mrs. Stobart writes of this: "The idea occurred to me one morning to plant a small tent on the outer edge of our encampment, on the main road between Kragujevatz and Belgrade, and to put up a notice in Serbian to the effect that if people would bring their own bottles, medicines and medical advice would be given gratis—and see what happened.

The result has been that within a week this little roadside dispensary has already treated over 500 patients, and the number grows every day."

Colonel Hunter has also decided to open a series of these roadside dispensaries at intervals along the high road between Kragujevatz and Belgrade, a region in which fevers of all sorts abound, and where medical help is unprocurable.



No. 4 GENERAL HOSPITAL, LUDERITZBUCHT.

Miss McLeish, Matron of No. 4 General Hospital, Shark Island, Luderitzbucht, German West Africa, writes that "this hospital was full of German patients at the occupation of Luderitzbucht. We had a very trying time till their patients were well enough to be moved to a Nursing House in the town." We reproduce a photograph of the main building of the hospital.

CANADIAN RED CROSS NURSES.

The second contingent of Nurses sent by the Canadian Red Cross Society have arrived in this country. They are Miss B. Smith (Matron), Mrs. Rotherwell, Misses Dixon, Pine, Bowman, Pelly, Mellett, Weatherup, Tuckett, H. Smith, Brown, Stuart, Mann, Kaye, Wilkinson, Seaman, McQuin, Handley, McDonald, Oakley, J. J. Smith, Papst, Paquette, Norton, Cornell, Dale, Lord, J. M. Smith, and Wilson. They travelled in the *Missanabie* with

the troops of the second Canadian contingent from Montreal to Devonport, motoring from there to Plymouth.

A number of Canadian Army Nursing Sisters recently arrived in this country as part of the staff of No. 4 Stationary Hospital (French-Canadian), with Nursing Sister Casault as Matron, and left for Boulogne last week.

Nursing Sister Douglas, Matron, and thirty-four Sisters, also left last week for France from Kingston, No. 5 Stationary Hospital (Queen's). Another contingent from No. 5 General Hospital, Toronto, have Nursing Sister Hartley as Matron.

The following unit (No. 5) has been selected for service by the Serbian Relief Fund (British Farmers' Hospital).

Administrator, Mr. Francis C. Parsons.

Surgical and Medical Staff, W. Amsden, Esq., M.R.C.S., L.R.C.P.; A. K. Henry, Esq., F.R.C.S.I., M.B., B.Ch., &c.; Mrs. Milne Henry, M.D., B.Ch.

Secretary, Mr. R. C. Grey.

Matron, Miss Simmons; *Dispenser*, Miss Page.

Nursing Sisters, Misses Argent, Armstrong, Body, Butler (and Sanitary Inspector), Crouch, Foss, Furninger, McCoy, McHaffy, Morris, Moore, Murphy, Swift, West-Symes, Wheaton, Wilkins. Also 16 women orderlies and 7 men orderlies.

SCOTTISH MATRONS' ASSOCIATION.

The May Meeting of the Scottish Matrons' Association was held on May 29th, at 3.30 p.m., at Glasgow District Mental Hospital, Woodilee, Lenzie, by kind invitation of the Medical Superintendent and the Matron. Miss Gill, R.R.C., presided, and forty members were present.

The Hon. Secretary reported that subscriptions had been asked for to endow for six months a bed in the Scottish Women's Hospital in Serbia; and that a sum of £35 7s. 9d. had been received from the members. £25 had been sent to the Hon. Sec., Dr. Elsie Inglis; and it was suggested that, with the surplus, the other £25 could be made up without much difficulty, thus endowing the bed for one year. This was cordially approved by the meeting. A letter was read, acknowledging a subscription of £5, sent to the Scottish Red Cross Motor Ambulance Society from the funds of the Association.

Three delegates were nominated to attend the conference of the N.U.W.W. in London in October.

Three new members were elected to the Association.

Resolutions sent by the Legislation Sectional Committee and the Industrial Sectional Committee of the N.U.W.W. by the Women's Industrial Council and by the Workhouse Nursing Association, were discussed, and the Association agreed to support several of these.

After votes of thanks to Miss Gill for presiding, and to Miss Rae for her kind hospitality, a delightful tea was served, and the members were afterwards shown round the Asylum.

IS THERE A SHORTAGE OF TRAINED NURSES OR NOT?

CORRESPONDENCE BETWEEN THE HON. ALBINIA BRODRICK AND THE WAR OFFICE.

The following letter has been sent by the Hon. Albinia Brodrick to Lord Kitchener, the Secretary of State for War. Miss Brodrick is a trained and certificated nurse, midwife and sanitary inspector. We regret that owing to great pressure on our space it has been unavoidably held over.

ON THE DEFICIENCY OF TRAINED NURSES
AND THE MEANS BY WHICH IT MAY BE MET.

Ballinacoon,

Caher Daniel,
Co. Kerry, Ireland.

April 5th, 1915.

DEAR LORD KITCHENER,—I would like to put before you a few suggestions in regard to the means by which the shortage of nurses for our wounded men, foreseen by you, may be met.

1. By the appointment of a competent Board of Nursing experts, neither laymen, laywomen, nor doctors, to deal with the question. This Board should be directly responsible to the War Office. It is not generally realized how capable are our nursing organizers, nor how much influence our National Council of Nurses has. I venture with confidence to recommend this preliminary measure. If you could get the right nurses to form this Board, half your difficulty would be solved. May I add that we, of the Nursing Profession, are very sore that our services for the wounded have been in hundreds of cases refused, whereas young and inexperienced persons have been accepted, and we do not feel disposed to put our work again at the service of the War Office. Personally—and there are many who feel with me—I speak of what I know. I expect to offer shortly for service abroad, not under the War Office. You may have had it brought to your notice that there is no difficulty whatever in getting nurses for work with Serbian units or under the French Flag. These are fully-trained and experienced women, and are lost to our English soldiers.

2. Our sick and wounded men come first, before civilians. The conditions under which their nursing has been done has been in many cases scandalous. You will have had under your observation the case of James Gribbin, of the 3rd Royal Scots, who was, after being knocked down and run over by a motor-car, near Weymouth, conveyed to the Sidney Hall Military Hospital, where there was no resident doctor or matron; he was seen by the "Sister-in-Charge," an uncertificated and not fully-trained woman, who diagnosed him as "drunk and incapable," and sent him to the camp, to die alone in the guard tent. The post-mortem examination showed a badly fractured pelvis, and "there was no smell of alcohol in the deceased's stomach"—so Dr. F. H.

Rodier Heath, of Weymouth, stated in his evidence at the inquest.

You find here a second reason why we trained nurses do not answer your call. We refuse to work with and under untrained women, whose actions we cannot control and who do gross injustice to our patients, for which we are held responsible.

Since our sick and wounded soldiers have a first claim, a Nursing Board, acting under the authority of the War Office, might well take from all hospitals, institutions and private nursing bodies, a definite proportion of the nurses employed by them, leaving only a sufficient number to oversee the members of Voluntary Aid Detachments or other probationers, and to do the actual dressings for which these untrained women are not qualified.

We should then obtain for the military hospitals to be opened, a large number of fully competent nurses, together with second and third year probationers, already used to hospital discipline and hospital requirements. This suggestion was substantially made by Mr. W. J. de Courcy Wheeler, F.R.C.S.I. in the *Evening Herald* of March 30th.

3. It is also very probable that such a Nursing Board would receive applications from other countries, notably America, where the profession of nursing is in a very advanced state. It is not to be expected that nurses from the United States will come to our assistance further than they have already done. They are too well aware of the scandals which have taken place. The only one of whom I happened to know anything personally, returned to the States disgusted at the want of organization and the conditions of service with untrained women. Recently the representatives of more than 25,000 American nurses sent over to our National Council of Nurses a message of sympathy in the Council's efforts to improve the nursing of our wounded.

4. In regard to the staffing of the hospitals, for provisioning, working and servants' duties, the Nursing Board should appeal to the many women who have passed Domestic Economy examinations, and have since acquired a thorough knowledge of housekeeping and superintendence, thus setting free both Matron and House Sister from a great part of the work which usually devolves upon them and giving at least one and a half extra persons in each hospital for the actual nursing work.

5. Let all—nurses and staff—be paid a fair and honest salary, remembering that they are emergency workers. The scale of payment offered to Voluntary Aid Detachment first year probationers is abnormally high and will demand a corresponding payment in the higher grades of the service.

6. The matter is immediate, before the wounded come pouring in.

I should desire to add that I am heartily ashamed of the manner in which women of my class have dared to meddle in professional matters

which they do not understand, and of the gross ignorance which they have displayed to the world.

Yours faithfully,

ALBINA BRODRICK.

War Office,
Whitehall, S.W.

8th April, 1915.

DEAR MADAM,—I am desired by Lord Kitchener to thank you for the Memorandum which you have been good enough to send to him, and which shall have careful consideration.

Yours faithfully,

H. J. CREEDY,
Private Secretary.

The Hon. Albina Brodrick.

War Office,
London, S.W.

15th April, 1915.

MADAM,—I am directed by the Secretary of State to reply to your letter of the 5th instant, dealing with the supply of nurses.

I am glad to inform you that the Selecting Board for Nurses is not at present finding any difficulty in obtaining the services of those, which the institutions throughout the country can spare, for Military Service, provided they have the recognized certificates and are recommended by their Matrons.

These ladies are sent abroad with the hospitals, as these are formed, and are demanded by the authorities in France.

I am, Madam,

Your obedient servant,
ALFRED KEOGH,
Director General, Army
Medical Service.

The Hon. Albina Brodrick.

April 21st, 1915.

SIR,—I have to acknowledge Sir Alfred Keogh's reply to my Memorandum to Lord Kitchener on the shortage of nurses. Sir Alfred states that there is no shortage, although the papers are publishing appeals from the War Office for a large number of nurses. I propose to publish the correspondence.

Yours faithfully,

ALBINA L. BRODRICK.

The Secretary,
The War Office.

This correspondence took place at the beginning of April, and since that time it has been demonstrated that trained nurses are still available. We have never believed in a serious shortage in regard to the care of the sick and wounded, and are of opinion that, with good organisation at the War Office the nurses needed will be forthcoming. Added to this we must remember that if we reach the limit of available nurses in the United Kingdom we are not at the end of our resources. To this the splendid contingents of nurses which have arrived, and are arriving, from our Dominions beyond the Seas bear witness.

JOINT WAR COMMITTEE:

The following nurses have been deputed to duty in home hospitals, under the Joint War Committee of the British Red Cross Society and the Order of St. John of Jerusalem:—

Shernfold Park Hospital, Faml., Sussex.—Miss G. Moss.

2nd Field Ambulance Hospital, Gostwycke, Colchester.—Miss E. A. Cockburn Hughes.

Bowood Hospital, Calne, Wills.—Mrs. R. A. Rutter

St. John's V.A.D. Hospital, Newton Street, Strabane.—Miss A. Laird.

V.A.D. Hospital, Mere, Wills.—Miss E. Power.

Cornelia Hospital, Poole, Dorset.—Miss N. G. Tarzey.

V.A.D. Hospital, Rosherville, Gravesend.—Miss T. Doxey, Miss D. Gear.

V.A.D. Hospital, Parochial Hall, Kenilworth.—Miss C. L. Birch.

V.A.D. Hospital, Whitegates, Stratford-on-Avon.—Miss G. Brownrigg.

Milton Hill Hospital, Stevenon, Bucks.—Miss T. E. M. Gort.

V.A.D. Hospital, The Chauntrey, Alford, Lincs.—Miss M. Davies, Miss E. A. Bailey.

Windlestone, Ferryhill, Co. Durham.—Miss M. M. Parker.

Military Hospital, Graylingwell, Chichester.—Miss B. Poole.

Broadwater Hospital, Ipswich.—Miss A. M. Hill.

V.A.D. Hospital, Ockbrook, near Derby.—Miss A. E. Boreham.

Auxiliary Military Hospital, Baxenden, Accrington.—Miss F. Jourdan.

St. Luke's Hall, Reading.—Miss M. E. Brown.

Struan House, Reading.—Miss A. J. Lawes.

Red Cross Hospital, Marlow.—Miss M. G. Kimmond.

26, Park Lane, W.—Miss K.-Z. Hynes.

Auxiliary Military Hospital, Burnage Lane, Levenshulme, Manchester.—Miss L. R. Harris,

Miss J. A. H. Dunne.

Langley Park, Slough.—Miss E. A. Plewman.

V. A. D. Hospital, Berkswell, Coventry.—Mrs. J. A. Owen.

V. A. D. Hospital, Plank House, Gillingham.—Mrs. C. Adams.

V. A. D. Hospital, Mill Dam, South Shields.—Miss E. B. Fairley, Miss F. Hall.

V. A. D. Hospital, Spondon, near Derby.—Miss C. H. Thelwall.

West Dene Hospital, St. Leonards on Sea.—Mrs. E. Wilkins.

V. A. D. Hospital, Great Dixton, Northiam.—Mrs. E. G. Neal.

Red Cross Hospital, Naunton Park Schools, Cheltenham.—Mrs. Amy Lucas.

Red Cross Hospital, Cecils Manor Road, Worthing.—Miss E. C. Mulvany.

V. A. D. Hospital, Strood, Kent.—Miss N. M. Murphy.

KING GEORGE HOSPITAL.

The following appointments have been made to the various grades of Sisters at King George Hospital, Stamford Street, S.E.:—

PRINCIPAL SISTERS.

Miss I. Kemp, Miss M. M. Ogden, Miss E. Studdert.

SENIOR SISTERS.

Miss M. A. Aris, Miss B. C. Bridge, Miss M. Carruthers, Miss E. Creech, Miss B. C. Davis, Miss E. Haig, Miss A. Reeves, Miss E. A. Richards, Miss C. J. Smith.

SISTERS.

Miss E. C. Borton, Miss E. M. Beamish, Miss E. E. Clark, Miss A. Clarke, Miss M. W. Cooke, Miss E. M. Carlisle, Miss F. A. Carpenter, Miss O. Chubb, Miss E. D. Ford, Miss H. Grouchy de Louise, Miss E. A. O. Grant, Miss L. E. Hunting, Miss E. M. Hunting, Miss K. O. F. Marshall, Miss J. D. Milner, Miss D. Millson, Miss E. O'Shea, Miss C. Pearce, Miss J. L. Riley, Miss A. Sowerby, Miss U. M. Stidston, Miss J. Thomson, Miss C. E. Wilkie, Miss D. Watson.

In addition a large number of Staff Nurses have been appointed.

FRENCH FLAG NURSING CORPS.

LETTER FROM MISS SPARROW.

N.U.T.N. UNIT.

Once more we are on the move! Three months ago we left Bordeaux for Bernay, Miss Cargill, our supervisor, to Hospital 27; Miss McBeath, the College, and myself to "The Lienmaire" (Hospital 17). We had a splendid send off. M. Sapehier, Médecin Chef, of Bernay, with his wife, came to the station to wish us "Bon voyage," M. Chevilott, surgeon from Hospital 17, also, whom I much regretted seeing the last of, he had been so very kind. Doctors from the other hospitals were there too, with Dames de la Croix Rouge, and any *blésé* who were able. My patients were not in evidence, being German prisoners, and indeed I must confess to a rather unpatriciotic regret at leaving them, for as patients they were all one could wish (though tales are rife to the contrary).

However, here we were! Ordered off to Epernay, Marne, 30 kilometres from the firing line. At Paris Miss Workman joined us, who has been nursing at Lisieux and Chateau Thierry.

We find our quarters to be cavalry barracks of huge dimensions, at one time occupied by the Crown Prince's Army, who left them in a filthy condition. The barracks consist of three blocks, two of which are used as hospitals, containing 250 beds each, and the other for *les soldats actifs*. These are surrounded by numerous administration blocks and wooden huts in course of construction to hold 20 beds. Thirteen are already finished, and there are more to follow. In addition to these are many long narrow buildings used as a veterinary hospital, all enclosed in a wall, and the big gates closed for the night at 8 p.m.

So we find ourselves in strange surroundings—

four women in a colony of men something like 2,500. One of the hospital blocks is medically staffed by Miss Cargill and Miss Workman, assisted by military infirmiers, and the other, "Surgical," Miss McBeath and I. We wonder what developments will ensue, for at the present time there is nothing whatever in the wards for our use, just beds and men. All dressings are done by the surgeons and us in "the Salle de Pansements," O.P. cases being brought down on stretchers.

There is a sprinkling of nationalities, French, Moroccan, Algerian and many Arabs. The Médecin Chef has taken quite a picturesque snap of some of them.

Though only here a day or two we have not been without a little excitement peculiar to the war

streets of houses in ruins, yet not "peculiar" for these happenings are only too general anywhere.

Miss Haswell writes warmly to Miss Eden from the Military Hospital at Talence, near Bordeaux, concerning the members of the N.U.T.N. unit there:—"They have done very good work, and I shall be extremely sorry to lose the members who are returning next month."

The people of Toronto have sent the most splendid gift in kind to the French Relief Fund. Thirty-five cases containing ward clothing and hospital supplies of the most beautiful description. Lady Barclay was advised of the gift, and it has been sent on from the London to the Paris address of the Fund. The clothing is fit for the most fastidious invalid. Materials of the finest, and

exquisite workmanship—just what every brave wounded man deserves; the bed linen and surgical supplies are also of the best. We have no doubt that many of these lovely things will find their way into the hospitals where the French Flag Nursing Corps are working, where it is certain they will be carefully applied, and the best use made of them. It really is splendour of Canada; her generous heart does not only beat with warm sympathy for her own splendid troops, but she has kindness to spare for her French Allies, from which heroic nation so many of her finest people have sprung.

The whole consignment is sent by the people of Canada as an expression of goodwill towards our French Allies.

Another welcome gift will also shortly be distributed amongst members of the French Flag Nursing Corps for the use of their patients. Mrs. Alfred Paine, the energetic Hon. Secretary and Treasurer of the Bedford Centre of the St. John Ambulance Association, and who describes her present position as "Manageress of the Shoe Factory," where she works from eight to ten hours a day, writes:—"I am sending you to 431, Oxford Street, a box of shippers and flannel boots, 60 pairs, to send to France wherever you like. They are tied up in tight bundles of 10-pairs, just as I do them for St. John's warehouse so please send them out in these bundles. Our total now is 5,488 pairs, and I have a splendid lot of workers, so hope to keep on."



THE MILITARY HOSPITAL, EPERNAY.

zone. On Thursday a German Taube dropped a bomb over the Hôpital Notre Dame, achieving no damage, fortunately, to all appearances. It was intended for a bomb manufactory, but fell wide of the mark.

We hear the boom of the cannon when all else is quiet. Last night they sounded to be bombarding heavily, and much nearer than hitherto, but happily there is no news of any change of the enemy's position.

Epernay has its own little bit of war history. The Crown Prince was seriously ill here, and attended by a local French doctor, who consented on the terms of cancelling the indemnity of 7,000 francs already agreed on (if not actually paid) as a surety against demolition. So it is still intact—no visible signs of the Germans' stay such as we saw on our way here from Paris, buildings and

THE CARE OF THE WOUNDED.

The King and Queen, during their visit to Aldershot, have given much pleasure by visiting the sick and wounded soldiers at the Cambridge and Connaught Hospitals.

Queen Alexandra, who, on Thursday in last week, visited the new King George Hospital, expressed much admiration of the flat roof where the patients who are able can have both air and exercise.

In aid of the funds of the British Red Cross Society and the Order of St. John an exhibition of antique silver will be held at the showrooms of Messrs. Garrard & Co., in Albemarle Street, from June 7th to June 18th. The leading collections of the country will be represented in the display, in which the King and Queen are taking a personal interest.

The Brook Hospital, Woolwich, of the Metropolitan Asylums Board, is being converted temporarily into a military hospital, and the Matron, Miss Bann, will be glad to receive applications from Sisters and Staff Nurses who are willing to help in the work of nursing the sick and wounded soldiers.

Myatt's Fields, Camberwell, have been closed to the public, as the ground is needed by the War Office for temporary hospital buildings. The fields are about fourteen acres in extent, and were laid out as a public park more than twenty-five years ago.

Through the instrumentality of Mrs. Aubrey Le Blond, the first President of the Ladies' Alpine Club, a fund is being raised among the Alpine climbers of the United Kingdom to present a motor kitchen to the section of the French Army known as the Chasseurs Alpins, who have so greatly distinguished themselves in the operations in the Vosges.

The Kitchener Indian Hospital in the buildings of the Elm Grove Union, Brighton, contains no less than 1,736 beds, and tents for 500 more are now being put up.

The Committee of the Scottish Women's Hospitals for Foreign Service are to be congratulated on the success of their efforts. Mrs. Gunn, the Hon. Treasurer, 22, Craigmillar Park, Edinburgh now announces that the second £50 required for the third and fourth "Helena Beds" has been handed to the Hon. Treasurer, and she now appeals for the second £100 necessary for supporting these beds for a second six months.

The Queen's Canadian Military Hospital accommodation at Shorncliffe, organised by the Canadian War Contingent Committee, is being extended

from 55 to 125 beds. Contributions to the funds of the association to purchase comforts and the expenses of the hospital will be welcomed.

The Provincial Government of Ontario has decided to offer to the War Office, to establish and maintain in England, a hospital of 1,000 beds for the treatment of Canadians, also six motor ambulances to be sent to France. The hospital will consist of ten cottages containing 100 beds each, and will cost \$100,000.

A War Exhibition has been organised to assist the funds of the Belgian Red Cross Anglo-Belgian Committee, whose patroness is the Queen of the Belgians. It is designed to present in an interesting and instructive manner an idea of the extent to which science and industry are being utilised in every branch of the present gigantic struggle. Offers of interesting war trophies as loan exhibits, or assistance of every kind towards making the exhibition the great success it deserves to be on account of its object, will be welcomed by the hon. organising secretary, War Exhibition, London Chamber of Commerce, 97, Cannon St., London, E.C.

The Belgian Soldiers' Fund has undertaken to send out sterilisers to purify the water for the thirsty troops. But money is needed to buy them.

In the United States of America the War Department is taking time by the forelock, both in regard to the supply of surgical stores as well as munitions. The War Department is making searching enquiries into the equipment facilities of manual training high schools throughout the States, as it is thought that the trained pupils will provide a good supply of workers, the girls for the preparation of bandages and similar work, the boys for the manufacture of rifles and ammunition.

Colonel Joseph A'Hearn, who has for many years been associated with the Government Medical Service of Queensland, has been appointed Medical Officer-in-Charge of the Wounded Allies Relief Committee's Hospital at Kragujevac.

The Wounded Allies Relief Committee (Sardinia House, Kingsway) has appointed as head doctor of its typhus hospital unit, proceeding on June 3rd to Montenegro, Dr. Gerard Carré, who has held appointment of Medical Officer to the Uganda Relief Expedition, and senior Medical Officer to the Fashoda Expedition, and to the Boer prisoners of war, Simons Town, South Africa. The medical staff will also include Dr. Isabel Ormiston, Chief Medical Inspector of Schools to the Government of Tasmania, sent to Montenegro by the Committee some time ago, and Dr. Lillias Hamilton, head of Studley Horticultural College. The unit will consist of 200 beds with full equipment; and the nursing staff will number twenty, with Miss Elkington as Matron.

LEAGUE NEWS.

THE LEAGUE OF ST. JOHN'S HOUSE NURSES.

There was a good attendance of members at the general meeting of the League of St. John's House Nurses, held at 12, Queen's Square, Bloomsbury, W.C., on Thursday, May 27th. The President was in the chair. Seven applications for membership were considered, and accepted.

It was unanimously resolved to send a resolution to the Secretary of State for War respectfully drawing attention to the fact that the rate of remuneration for trained nurses engaged under the authority of the Joint War Committee to care for sick and wounded soldiers—i.e., £1 1s. per week—is just half the fee ordinarily earned by nurses in private practice. That it is economically unsound for a State Department to reduce the earning capacity of a section of skilled women workers, and that the present alleged shortage, if it exists, can not be accurately gauged, unless the military authorities are prepared to offer private nurses the fees they ordinarily command. The Resolution also drew attention to the value of a State Register of Nurses.

As no social gathering has been held since the outbreak of war, it was decided to send the money which would ordinarily have been expended to St. Dunstan's Lodge, Regent's Park, for the benefit of the soldiers there who have been blinded in the War. After the meeting tea was served to the members present. Previously the Sister Superior was asked to accept a purse of £10 as a small token of love, and of recognition of her services to the House from the nurses who have worked for St. John's during the time she has held that office.

LOCAL GOVERNMENT BOARD.

EXAMINATION OF NURSES IN SCOTLAND.

On 4th May and subsequent days, the Local Government Board for Scotland held an examination for the certification of trained sick nurses and of trained fever nurses. The examination was held at Glasgow, Edinburgh, Dundee and Aberdeen. The examiners were Dr. Templeman, Medical Officer of Health, Dundee; Professor Glaister, The University, Glasgow; Dr. John Gordon, Aberdeen; and Dr. Richard, Medical Officer of Govan Poorhouse, who were assisted in the practical part of the examination by Miss Merchant, Matron of the Eastern District Hospital, Glasgow, and by Miss Clark, Matron of King's Cross Hospital, Dundee.

The subjects of examination were Elementary Anatomy and Physiology; Hygiene and Dietetics; Medical and Surgical Nursing; Midwifery (for Poor Law and General trained nurses); and Infectious Diseases (for Fever trained nurses only). In all 439 candidates presented themselves for examination. Of these, 213 were examined in

Anatomy and Physiology, 206 in Hygiene and Dietetics; 36 in Medical and Surgical Nursing (for Poor Law and General trained nurses); 116 in Medical and Surgical Nursing (for Fever trained nurses); 59 in Midwifery; and 111 in Infectious Diseases.

In *Anatomy and Physiology*, 25 nurses obtained distinction, 142 obtained a simple pass, and 46 failed.

In *Hygiene and Dietetics*, 13 nurses obtained distinction, 154 obtained a simple pass, and 39 failed.

In *Medical and Surgical Nursing* (for Poor Law and General trained nurses), 4 nurses obtained distinction, 31 obtained a simple pass, and 1 failed.

In *Medical and Surgical Nursing* (for Fever trained nurses), 5 nurses obtained distinction, 104 obtained a simple pass, and 7 failed.

In *Midwifery*, 4 nurses obtained distinction, 51 obtained a simple pass, and 4 failed.

In *Infectious Diseases*, 21 nurses obtained distinction, 89 obtained a simple pass, and 4 failed.

The following candidates have now completed the examination and are entitled to the certificate of efficiency granted by the Local Government Board:—

CERTIFICATE IN GENERAL TRAINING.

Misses M. S. Allison, A. Anderson, S. R. Angus, S. F. Curran, M. T. Ford, C. Fraser, S. J. Gray, S. Haig, J. Harkins, N. M. Highet, M. Hutchinson, J. D. Hutton, E. S. Loraine, E. Lovie, E. R. Mallen, M. J. Methven, S. B. Murray, C. MacCallum, M. C. McCreath, C. I. MacGillivray, J. McGregor, J. B. McKay, E. McVicar, M. Nisbet, N. O'Sullivan, J. P. Scott, M. Symington, H. C. Thompson, M. E. Watson, A. C. Wilson, L. Paul, M. A. Howe, I. H. Moore, M. Macphail, M. McBeath, E. Turner.

CERTIFICATE IN FEVER TRAINING.

Misses K. Addison, C. Anderson, C. J. W. Anderson, A. D. Banks, M. Baxter, B. F. Bedford, A. H. Bell, M. M. Black, J. G. Bleas, M. N. Brown, L. M. Campbell, B. Cooper, W. M. Cooper, M. P. Coutts, M. M. Craig, M. B. Craig, C. R. Currie, J. Davidson, M. B. Davidson, E. Dawson, R. A. Evers, I. C. Ferguson, A. M. Findlay, M. Forrest, S. H. Gallacher, W. Garrow, M. I. A. Gibson, C. B. Glen, B. J. Gordon, J. F. D. Graham, H. D. L. Gunn, E. Guthrie, A. C. Hamilton, J. G. Hay, C. J. B. Inkster, J. M. James, C. M. Johnston, S. A. Johnston, M. L. Johnstone, J. G. Lamb, C. Lees, C. L. Lofthouse, A. J. Maxwell, L. M. Merriels, M. Millar, A. Moreland, M. Mowat, S. M. M. McCabe, J. R. McGibbon, M. M. McGregor, C. I. MacKay, W. Mackenzie, H. M. H. McKerchar, M. M. B. McNab, A. B. Newlands, B. A. Noble, M. P. O'Neill, M. M. Peebles, A. M. Prentice, M. C. Pringle, E. L. Robertson, S. M. Shea, E. N. Shiach, L. E. Sinclair, H. Smith, L. Smith, E. B. Stalker, I. T. L. Stewart, A. Taylor, C. Wilson, E. Wilson, M. Wilson, J. J. Wood, E. K. F. Davidson, N. D. Frame, M. K.

Henderson, K. M. Illingworth, C. S. Jack, C. C. Miller, I. T. Miller, E. Murray, F. Macdonald, A. Mackay, M. McLeod, R. M. D. Pennycook, M. Petrie, A. M. Sneddon, J. D. Woodrow, G. E. Yeomans, E. Black, D. W. Davidson, A. N. Murray, M. B. Ritchie, I. D. Weir, M. B. Wildgoose, H. C. Bryden, E. Cameron, A. Garden, A. F. Mitchell, H. J. Moir, J. M. Rae.

THE NATIONAL UNION OF TRAINED NURSES.

FORMATION OF NEW BRANCH AT NORWICH.

Miss Thurstan addressed a representative meeting of nurses at Norwich on May 20th, to explain the objects of the N.U.N. It was decided to form a Branch, with the following Secretaries and Treasurer:—

Secretaries.—Miss Brunton, County Superintendent; Miss Beckett, Assistant County Superintendent.

Treasurer.—Miss Barnes, Matron, Union Infirmary.

APPOINTMENTS.

ASSISTANT MATRON.

Taunton and Somerset Hospital, Taunton.—Miss P. Levington has been appointed Assistant Matron. She was trained at the Royal City of Dublin Hospital, and the National Hospital for Paralysis and Epilepsy, Queen Square, Bloomsbury. She has also been Sister at the Royal Mineral Spring Baths, Matlock, and Home Sister at the Belfast Nurses' Home. She is a certificated masseuse.

SISTER-IN-CHARGE.

Government Hospital, Suez.—Miss Matilda Oldendorff has been appointed Sister-in-Charge. She was trained at St. Bartholomew's Hospital, London.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Ethel E. Bills is appointed to Camb. C.N.A. as Assistant Superintendent. Miss Bills received general training at the General Hospital, Nottingham, district training at Bloomsbury, and has the C.M.B. certificate. She has since held several appointments under the Institute, including that of Senior Nurse at Accrington D.N.A.

Miss Rita Boorman is appointed to Glossop, Miss Jessie B. Douglas to Babraham, Miss Fanny Hill to March, Miss Mary Jackson to Great Harwood, Miss Mary S. McKinney to Grimsby, Miss Mary D. McLauchlan to Birmingham (S.H.R.), Miss Alice E. Pennington to Llantarnam and Cwmbran, Mrs. Florence Pond to Swanley, Miss Jessie L. Prestidge to Skegby, Miss Florence Steele to Appleby, Miss Elizabeth Whalley to Accrington.

BEQUEST TO A NURSE.

Miss Lucy Maria Lonsdale, daughter of the Right Rev. John Lonsdale, Bishop of Lichfield, who died recently at St. Leonards-on-Sea, at the age of 95, left £6,500 and certain furniture to her nurse, Miss Mary Donald, who lived with her for many years.

PRESENTATION.

In the out-patients' department at the Royal Sussex County Hospital at a gathering of the patients, the Lady Almoner conveyed to Sister Carr the congratulations and good wishes of the out-patients who had expressed their desire to show some appreciation of her great kindness on her approaching marriage, by presenting her with a wedding gift. Mrs. Gasston made the presentation, which was a silver mounted stationery cabinet, and expressed the good wishes of the donors, and Sister Carr acknowledged the gift with much feeling.

THE PASSING BELL.

The news of the death of Miss Nora Veronica Brett, at the General Hospital, Birmingham, will be received with sincere regret by all who knew and worked with her. She was trained at the Queen's Hospital, Birmingham, and afterwards worked as a School Nurse under the Education Committee of the city. She was a member of the Territorial Nursing Service, and was called up for duty at the 1st Southern General Hospital in August last.

Early in March she went off duty and it was hoped that a rest would restore her health. Later she was admitted to a small ward at the General Hospital, Birmingham, and greatly appreciated the care and kindness she received there. She passed away on May 20th, and was buried with military honours at Lodge Hill Cemetery, according to the rites of the Roman Church, to which she belonged. The coffin, covered with the Union Jack, was borne on a gun carriage, drawn by six orderlies of the R.A.M.C. (T.) of her own Faith. The party was in charge of Major Sawyer (Registrar of the 1st Southern General Hospital) and was met at the cemetery gates by Miss E. M. Musson, Principal Matron, Miss K. G. Lloyd, and Miss Karslake, Matrons, and Territorial Sisters and Nurses attached to the 1st Southern Hospital. The staff of the Queen's Hospital was represented by Sister Lillias (Assistant Matron) and other Sisters and Nurses, and School Nurses also were there.

The "Last Post" was sounded at the graveside, the grave being near those of the soldiers Miss Brett helped to nurse, and many lovely wreaths were laid there. It seemed very appropriate that she should rest with those whose last hours she had helped to solace at the close of her own career.

Requiescat in Pace.

NURSING ECHOES.

At a meeting for the nurses held at Chelsea Infirmary on the evening of May 27th, Miss Barton, Matron of the Infirmary, and Principal Matron No. 3 General Hospital (T.F.), who presided, said there was only one subject which one could meet to discuss at this crisis, and that was the war, and how each individually could best help their country and their Allies. Nurses should feel thankful that though they could not (as many of them would like to do) stand in the trenches themselves gun in hand, they could in a very special way help those who did find themselves in that glorious but awful position.

Miss Violetta Thurstan, who was the first speaker, gave a thrilling account of her experiences in Belgium and Russia.

Miss Cockrell, Matron of the Marylebone Infirmary, next read a very interesting paper on her experiences with the Belgian refugees. Miss Cockrell was asked as Matron to open the Poland Street refuge for the reception of Polish Jews, and when this was taken over by private enterprise, Miss Cockrell went as Matron to the Alexandra Palace, where she stayed till the place was taken over for German prisoners. During that time 30,000 refugees passed through the Palace.

The Matron-in-Chief (T.F.) spoke of the pleasure it was to hear the previous speakers, and to meet so many of the Territorial Staff, who were doing such good work at No. 3 (London) General Hospital.

Colonel Bruce Porter, Commanding Officer of the hospital, also expressed his pleasure in listening to these addresses. He referred to the difficulty of organizing work in a country where medical arrangements were practically non-existent, and of arranging for enormous crowds of refugees, such as Miss Cockrell had described, at short notice. He said he spoke with some degree of knowledge, as commanding officer of a large Territorial Hospital. He was very proud of No. 3, though no doubt it was not perfect and could learn from other hospitals, but he was sure no hospital could teach it the "humanity" side of the work.

Amongst those present were Miss Holden, Matron of No. 3 Hospital; Miss Ravenor, Matron of King Albert's Hospital for Wounded Belgians; and Miss Amy Hughes, who received many congratulations on her new decoration as Lady of Grace.

At a recent meeting of the Bethnal Green Guardians, the Waterloo House and Infirmary Committee submitted a report from the Matron,

Miss Dodds, in regard to the salaries of Sisters. The Committee had informed her that the increase in the salaries of the Sisters to £36 was conditional upon two Sisters and thirteen probationers remaining at the military hospital. Miss Dodds points out there are none to leave, and this being so, the Sisters' salaries will be reduced to £32, while she had no reply to an advertisement for three Sisters at £36. Being unable to get Sisters, she cannot train extra probationers. At the Military Hospital she is advertising for Sisters at £50, and Staff nurses at £40, and it is not likely Sisters will stay at the Infirmary at a salary of £32. The matter was referred to a special meeting of the Infirmary Committee, with power to act. On such a question, a Committee is well advised if it is guided by the opinion of its Matron.

In this connection it is interesting to note some remarks on the question of salaries made by Mrs. H. B. Irving, a member of the St. Pancras Board of Guardians, at the recent annual Conference of Guardians for the Metropolitan Asylums District.

"One notices to-day that many girls, who would not have dreamt of even peeling a potato here in England in peace time, are quite prepared to go to Serbia or anywhere else sufficiently original, and volunteer to cook anything, anywhere, anyhow, if by so doing they can escape the dullness of the commonplace. It is that with which it is so hard to grapple, and our infirmary nurses have a great deal of it to bear. They are devoted and unselfish, but the work is fatiguing and the hours are long, and we shall not get the best women for the work if we continue to advertise for probationers, who will not be paid as much as a scullery maid, for very much harder and often less attractive work. . . . Though there must be a call, a vocation on the nurse's side, guardians ought to show that they think her work honourable by bringing her salary up to a modern living wage."

In the annual report of the Middlesbrough Nursing Association, just issued, the Committee express their cordial appreciation of the loyal assistance they have received from Miss Purvis and her staff, and of their unwearied efforts in the service of the sick poor. Those who know Miss Purvis know how well deserved such appreciation is.

The Lord Mayor of Norwich, in moving the adoption of the report of the Norwich District Nursing Association at the Annual Meeting, said it did a remarkably good and useful

practical work, as was shown by the report. The Association took help and skilled nursing to those who otherwise would not get them. Unfortunately the Association was in need of money, and there was need for increased subscriptions. In seconding the adoption, which was carried, the Bishop of Thetford said that all who had ever had illness in their homes knew the enormous value of good and efficient nursing, however competent the doctor might be, and when to sickness was added poverty, the result was a terrible amount of anxiety.

No formal conference was held this year by the Metropolitan and Southern Counties Association of "Queen's" Superintendents. The staffs in most of the homes are greatly reduced in numbers, owing to so many nurses being engaged on war duty, either at home or abroad, so that the Superintendents find it difficult to leave their posts. This, as well as the fact that no cheap trains are available, caused the Committee to come to this decision, but those who were in London met at tea at 23, Bloomsbury Square, on June 1st, by the kind invitation of Miss Hadden, and a friendly discussion on topics of mutual interest took place.

The Portslade Medical Officer of Health has prepared a report as to maternity and child welfare, and the pamphlet issued by the Local Government Board thereon, and stated that the arrangement with the Portslade Queen's Nurses was working satisfactorily. Public bodies cannot get better value for their outlay than by employing thoroughly qualified Queen's Nurses for work of this description.

The shortage of nurses for poor law patients is having curious effects. A probationer at Newport Poor Law institution complained to the House Committee that the probationers did not consider that they were receiving sufficient training, and wished to know whether the training would be continued at Carleon. The Chairman assured the probationers that the committee were doing all they could to carry out their contract.

At the recent Annual General Meeting of King Edward's Coronation Fund for Nurses, held at 73, Lower Leeson Street, Dublin, the chair was taken by Mr. Andrew Beattie, D.L., Trustee of the Society.

The members of the nursing profession elected as members of the Council for the ensuing year are Miss Kelly, Miss MacDonnell, R.R.C., Miss McGivney, Miss Powell, Miss Reed, Miss Colvin, and Miss Phillips.

MACMILLAN & CO. v. THE NURSING PRESS, LTD. AND OTHERS.

Our readers will be interested to hear that the proprietors and editor of the *Nursing Times* have commenced legal proceedings against the proprietors and editor of THE BRITISH JOURNAL OF NURSING in reference to the comments concerning the former which appeared in our issue of May 15th. It will be realised by our readers—whom we advise to keep the copy in question for future reference—that questions of the greatest importance both to the nursing profession and the public are involved in this action. Meanwhile, of course, as the whole matter is *sub judice*, we can only give publicity to the fact that proceedings are to be taken in Court, but without comment on the case.

REGISTRATION IN NEW YORK STATE.

EDUCATING THE PUBLIC.

Miss Annie W. Goodrich, the President of the International Council of Nurses, writes:—

"We have again struggled to amend our Nurses' Practice Act (State Registration) in New York State, and I fear we shall again have failed, although this year the Bill presented was very much less drastic than the one of the previous two years, and, furthermore, was presented to the Legislature by the Regents of the University of the State of New York, and endorsed by the State Nurses' Association, whereas last year the State Nurses' Association put the Bill in themselves. It would have seemed that with this very strong endorsement of the measure we should have been able to have put the measure through, but the commercial opposition was too heavy. The compensation, however, for this struggle of three years to put a law on the statute books that shall require the licensing of all women who practise as professionally prepared nurses, has been the education of the public. Every year has brought us more friends and a more intelligent understanding of our efforts."

The *American Journal of Nursing* reports that bills for the State Registration of Trained Nurses were introduced during the winter in North Dakota and Maine. In the former, while registration is voluntary, there is a full Nurse Board of Examiners, and it is considered a fairly satisfactory measure. The Maine law has a Board of four nurses and one physician.

SEEING SOME THINGS OF YOURS YOU'VE NEVER SEEN.

By FELIX J. KOCH.

It is a strange sensation, of course, when the doctors put it to you that way. Here is something of yours, something very important indeed, which you have possessed since the day you were born, have carried with you wherever you went, depended upon, in fact, have always figured on, and yet have never seen yourself, and will not have seen until this comparative stranger, the big hospital doctor, invites you in to show you the pictures he has taken of the same.

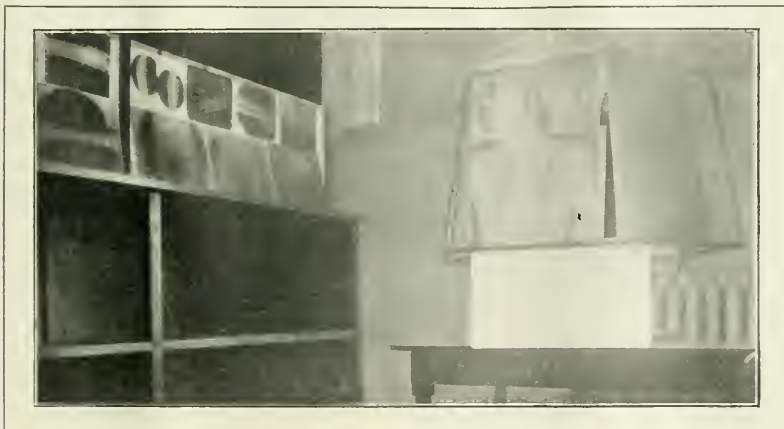
What is more, the very method by which he shows these pictures, by which to be exact he can study these things of yours, is unique and represents the results of long experimentation.

OUTSIDE THE GATES.

WOMEN.

It is very noticeable that, at a meeting held at Liverpool University recently, by the Liverpool Branch of the Federation of University Women, to discuss "Some Professional Careers for Women," the subject of nursing as a possible career was not even mentioned. We presume because nurses have no status, and therefore their profession is not seriously considered as a means of livelihood by university women. Amongst the professions mentioned as offering a career for women were medicine, dentistry, veterinary science, architecture and chemistry (scientific and applied).

Sir Alfred Dale, the Vice-Chancellor, who presided, pointed out that the question of finance



SOME THINGS OF YOURS YOU'VE NEVER SEEN.

Obviously X-ray photography is an old, old story now, and we have all of us, outside the profession, as well as in, heard of just how pictures may be taken of lungs and liver and bones and what you would almost, these pictures showing the owners of the organs the organs they may never hope otherwise to see.

But down at the big public hospital at Cincinnati they have now the last word for using these pictures. This consists of a huge reel, sloping outward somewhat like the shade of an ornamental light, and fitted with sections into which the photographic negatives are put. The reel is lighted from within, and as the light pours out through the heavy glass negatives it makes every feature of their picturings distinct, so that they may be studied by the physician with ease, and stand revealed to the owner of the organs with completest detail.

where women's professions are concerned is a difficult one; but it ought to be recognized that the claims of a girl are no less important than those of a boy, and that the best endowment of a daughter is not money but education. He also said that, so long as a State uses only one-half of its citizens for social, economic or public service, it is weak where it might be strong, and strong where it might be rich.

A neutral correspondent, writing in the *Times*, comments on the use made in Germany of posters in instructing the public. Thus, the "Ten War Commandments" instruct civilians how best to uphold their country's interests, principally by the avoidance of waste. Another poster declares that eatables thrown away are like wasted ammunition. For civilians to waste bread is as bad as for a soldier to throw away cartridges.

BOOK OF THE WEEK.

"WHAT I FOUND OUT IN THE HOUSE OF A GERMAN PRINCE."*

If the English nation needed any further proof to convince them of the perfidy of Germany, and the long and far-reaching plotting which have led up to the present crisis, this book ought to remove any lingering doubt.

It is really an amazing confirmation of the now familiar assertion that for many years Germany has made preparations for our destruction.

Listen! In 1909, the writer, as she herself tells us, was engaged as governess to some little German Princes. Her first introduction to her young charges was by Frau Z. "In the opinion of this lady the boys were not old enough to need a governess in addition to a nurse, and she resented my appearance even more than Herr Leutnant von X, a sort of military governor, whose business it was to teach the elder Princes to be soldierly in mind as well as body.

"The boys worship the Herr Leutnant already," said Frau Z, 'although he has only been with them a week. He has been a pupil of Count Zeppelin, and he has brought for them a game which the Count invented and ordered to be made for the Princes. We shall find the children playing it now. They begged to finish destroying London before supper.' "How does that sound?

"One small, golden-headed boy looked on. An older, dark-haired laddie and an excited young officer in uniform each manipulated a miniature airship over the threatened city.

"'Worse than ever!' cried the lieutenant. 'You drop too many and always in the wrong places. Now watch again how I do it. I'm over Westminster Abbey—'

"Now I had come close to the toy town I could see that the principal buildings were recognisably modelled after those they intended to represent.

"The Herr Leutnant graciously explained that the governess would never be expected to play when London was being destroyed. 'You can come into the game when we are at work on St. Petersburg.'

"'Good gracious! You have St. Petersburg as well?'

"'Yes, and Paris too, as well,' the elder of the Princes added proudly."

The writer says that one of the most interesting things that happened to her in her first year was a visit with the Princess to the house of Herr and Frau Krupp von Bohlen, near Essen. Bertha Krupp, the "Cannon Queen," the richest German heiress in Germany, if not in the world, had been married to the south German diplomatist Gustav von Bohlen. Here she met General von Bernhardt, who was considered a great soldier and had been the first officer to ride into Paris in 1871. "In the meantime I had been talking about him with the Countess and had learned what a great military expert he was considered. She had said,

* By an English Governess. Chapman & Hall.

as if it were a good joke, that 'he was now almost ready for the long-awaited-for war on England.' That was why he was at Essen, to see how the new 'surprise' big guns were getting along. (This five years ago.)

"After reading von Bernhardt's book I often asked Leutnant von X, what he thought about the future of Germany. I do not think he in the least suspected that I had any motive except 'intelligent interest.' He admitted that the German army, as well as the navy, prayed for 'The Day.' He thought that Germany could walk through France. . . . As for England, she might be a tougher job, but 'it would have to come.' England had been a stupid head not to copy the Zeppelins as well as she could."

The cleverness which in 1911 induced the writer to introduce Elsa Mermann, the spy, to her uncle, an army coach at Portsmouth, is one of the most interesting of her experiences, and causes one to think furiously.

Later, when the serious import of a conversation is forced upon her she decides to write concerning her suspicions to the British Ambassador. Her letter was intercepted and in August, 1914, she found herself interned in a German castle.

How she made her escape we must leave to our readers to discover. Indeed, we have only briefly indicated a few incidents of this absorbing book, which all should read, whose duty it is to realise the science of espionage as in practice by the German Empire. H. H.

UNBORN.

Little body I would hold,
Little feet my hands enfold,
Little head my tears have blessed,
Little mouth that seeks my breast,
Little shining soul that cries
From the worship of his eyes,
I must wait that I may be
Great enough to mother thee.

Irene Rutherford McLeod.

COMING EVENTS.

June 13th.—Hospital Sunday.

June 17th.—Society for State Registration of Trained Nurses. Annual Meeting. Medical Society's Rooms, 11, Chandos Street, W. 11 a.m.

June 17th.—National Council of Trained Nurses. Conference Day.

Morning Session: "The Need for a Trained Nurses Economic League." Miss Henrietta J. Hawkins, P.L.G. 12 noon.

Afternoon Session: "The Place of the Imperial Mother in Peace and War." 11, Chandos Street, Cavendish Square, London, W. 3 to 5.30.

June 20th to 26th.—Nursing Convention, San Francisco, California, U.S.A.: Meetings—International Council of Nurses, American Nurses' Association, National League of Nursing Education, National Organization of Public Health Nursing.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

A GOOD EXAMPLE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I send herewith my subscription, *os.*, to the JOURNAL, up to March, 1916, and in doing so cannot refrain from adding my small quota to the chorus of appreciation that is evoked wherever the JOURNAL is known.

When I have read the apt remarks made on current abuses and the righteous conclusions drawn therefrom, I can truly say "While I was musing, the fire burned," and I rejoice that what I feel, but could not express, is here so ably and so convincingly set forth. But it does make me want to *do* something. I can but send my mite (*ss.*) towards "State Registration of Nurses," and I wish it were tenfold.

With best wishes, dear Madam,

Yours sincerely,

JESSIE GRANT.

Z. B. M. Mission, India.

MIDWIFE'S APPEAL ALLOWED.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In your report of the case of Stock *v.* the Central Midwives Board in the High Court of Justice several points are brought out which are of great importance to midwives. Will you pardon me, therefore, for referring to them at some length?

In the first place everyone will agree that on the facts brought out no other judgment could have been possible. Certain information concerning the midwife was placed before the Board, which was not communicated to the midwife, and upon which the Board adjudicated in her absence. Further the Lord Chief Justice pointed out that according to the Board's own rules, which it had not observed, the information should have been supplied in the form of a statutory declaration. Under these circumstances it would have been a gross injustice to uphold the Board's decision against Mrs. Stock.

Some midwives whom I have met seem to think that now the question of what constitutes "misconduct" under the Midwives Act is authoritatively settled and that it is limited to "infamous conduct in a professional respect." That is not the way in which I read the decision of the Court, or interpret the remarks of the judges. Indeed, according to my view for the first time some light has been thrown upon the way in which "misconduct" in a midwife will be regarded in future appeals to the Higher Court. The Lord Chief Justice expressly said that misconduct in

Section 3 of the Act was not limited to the discharge of the duties of a midwife. Each case must be decided on its merits.

It must be remembered that a midwife has to produce evidence of good moral character before she can get on to the Midwives Roll. If, therefore, she loses that character presumably she is liable to be removed from it.

Moreover, the reasoning of the experts was clear and logical. Lord Robert Cecil, who appeared for the Central Midwives Board, argued that a midwife of immoral character might corrupt her patient's husband, and further, the knowledge that she was being attended by such a woman might be prejudicial to the patient herself. I think every midwife of standing will uphold this view. It is most unfair to subject a patient knowingly or unknowingly to the care of a midwife of bad character, to say nothing of the danger of possible infection. These things should not be done under the authority of the Central Midwives Board, and it is essential therefore that it should have the power to remove a midwife from the Roll for other than professional misconduct if it considers it in the public interest to do so.

Lastly, the Central Midwives Board employs legal advice. Why were they not advised or reminded—for apparently they made the rule as to Statutory Declarations themselves, that, as the Lord Chief Justice put it, "the Board should strictly comply with its own rules"?

I am, Dear Madam,

Yours faithfully,

(CERTIFIED MIDWIFE.)

NOTICES.

We propose to refer next week to a letter from a member of the I.S.T.M. criticising, in another paper, some editorial comments which appeared in this Journal in reference to the Society.

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps for service in France can be interviewed by arrangement with Lady Barclay, 60, Nevern Square, London, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Friday, June 4th, and Monday, June 7th, from 2.30 to 5 p.m., to see candidates, who must be well educated and hold a certificate for three years' training. Experience of fever nursing is an additional advantage. Nurses speaking French are preferred.

OUR PRIZE COMPETITIONS.

June 12th.—What is an intravenous infusion, and how is it applied?

June 19th.—What are the points to be observed in caring for a case of nervous shock.

June 26th.—What symptoms would lead you to apprehend the onset of (1) sapræmia, and (2) septicæmia in a lying-in woman?

The Midwife.

THE CENTRAL MIDWIVES BOARD.

PENAL CASES.

WEDNESDAY, MAY 26TH.

A special meeting of the Central Midwives' Board was held at the Board Room, Caxton House, Westminster, on Wednesday, May 26th, at 11.30 a.m., for the purpose of considering the charges alleged against twelve certified midwives, with the following results:—

Struck off the Roll and Certificates cancelled.—Mary Ann Avery (No. 20495), Lily Rosina Cooper (No. 3271) L.O.S. Cert., Susan Hayman (No. 17180), Susanna Heineman (No. 17096), Betsy Matthews (No. 13385), Susan Pickard (No. 17105), Willmot Pope (No. 17357), Charity Reddcliffe (No. 16001), Olive Stidworthy (No. 13271), and Mary White (No. 10641). The last eight women were all from Devonshire. Miss Booker, the Inspector, was present, and gave adverse evidence in each case.

The severest Censure the Board could give was passed on Charlotte Elizabeth Dowsell (No. 23002), C.M.B. certificate.

Judgment suspended, with report to be given in three and six months on Clara Abnett (No. 31032).

Interim reports of adjourned cases:

Betty Smeatham (No. 11921).—Further report in three months to be awaited.

Elizabeth Rigby (No. 15944).—Adjourned for terms to be communicated to the midwife, and her answer to be awaited.

In the case of Lily Rosina Cooper, who was defended, it was alleged that, "You were drunk at your visit to the patient." This charge the Board considered was not proved. In answer to a further charge of not paying any subsequent visit to her patient, the defence was that the patient had refused to have her again in the house. Questioned as to the charge, "You did not take and record the temperature of the patient," the midwife admitted that she did not use a thermometer, but relied on "her experienced hand" on the pulse. A chart being produced, on which the temperature alternated between 98·2 and 98·4, the Chairman asked her how she arrived at such distinctions. The midwife replied that if the patient were a little low or needing nourishment, it would lead her to record the lower temperature. The Chairman: "Do you really mean to say that you can tell the difference in a temperature between 98·2 and 98·4 without a thermometer?" Midwife said she had worked for twenty years at her profession. The Chairman replied that some of them had worked for forty years, and would be unable so to decide. It was stated that this midwife had held the post of Night Sister at a Lying-in Hospital; and had also been a recognised teacher of midwifery by the C.M.B., but that the Board had refused to renew her licence. The Chairman,

announcing the decision, said that a more dishonest account had seldom come before him, and that she was quite unfit to remain on the Roll. With regard to the training of pupils, she was training them to tell falsehoods. Nothing could be more dishonest in a medical sense than to record temperatures which had not been taken. The case occupied the Board for two hours, and it was decided that it would serve no useful purpose to hear the second charge against her.

Another defended case was that of Charlotte Elizabeth Dowsell, the charge against her being that "you made and issued a false certificate that the child of Mrs. Howard, whom you attended as a midwife, was still born—the said child being born alive." The midwife did not attempt to deny the charge brought against her, but said that the mother being at the time in very poor circumstances, she suggested that she should give a certificate of still birth, in order to effect a cheaper burial. The Registrar of Births for the district had borne testimony to the fact that the midwife told him it was born alive. The child, having lived some hours, the midwife was further charged with having neglected to advise the parents that medical attendance was required. This was denied by the midwife. The child's mother appeared in support of the charge. The Chairman said that the midwife ought to have known that a six months' child was almost certain to die. It was a piece of ignorance on her part if she did not know it. It was thoroughly dishonest of her to behave in the manner she had done. If she could not be depended upon to give true certificates, she was not fit to practice. However, the Board had taken a merciful view, and decided to give her another chance. They had voted the most severe censure it was possible to give. He hoped she would try and regain her character as an honest woman, and that she resolve to tell no more falsehoods for the rest of her life.

THURSDAY, MAY 27TH.

On Thursday, May 27th, the charges against seven midwives were considered, with the following results:—

Struck off the Roll and Certificate cancelled.—Nancy Smith (No. 8853), Martha Wheeler (No. 7203), Jane Young (No. 18370).

The charge against the last mentioned midwife was "That on March 11th, 1915, you were convicted at the Leeds Assizes of having feloniously and unlawfully used a certain instrument with intent to procure the miscarriage of one ———, and were thereupon ordered to be imprisoned for nine calendar months in the Second Division."

Sentence postponed for a Report in three and six months' time.—Elizabeth Evans (No. 4827), and Caroline Meredith (No. 12239).

No action taken.—In this case the midwife, who had passed the C.M.B. examination, was defended. The seventh case was adjourned.

THE MONTHLY MEETING.

The monthly meeting of the Central Midwives Board was held at the offices, Caxton House, Westminster, on Thursday, May 27th, Sir Francis Champneys presiding.

An application from the examiners of the Manchester Centre, asking the Board to arrange for examinations to be held six times a year alternately at Manchester and Liverpool, was granted.

A letter was received from the Honorary Secretary of the Association of Inspectors of Midwives transmitting for the information of the Board a copy of a circular sent by the Association to the President of the Local Government Board on the subject of Maternity and Child Welfare, and acknowledgments sent.

A letter was received from a candidate from the Nurses' Home, Beachcroft Road, Leytonstone, who had been asked by the Board for an explanation of the alteration of the dates in her birth certificate.

It was agreed that the candidate be not allowed to enter for examination before April, 1916, and that she be required to produce special certificates with regard to her truthfulness.

Correspondence with the Chairman of the Kingswood Nursing Association, and with Miss Helena Freer, No. 21530, Lady Superintendent of the Association, with regard to the circumstances under which the latter had sent in a falsified baptismal certificate on behalf of one of her pupils desirous of entering for examination, was considered. It was agreed that the application of Miss Helena Freer, No. 21530, for approval to undertake the practical training of pupil midwives at the Kingswood Nurses' Home be refused.

It was agreed that the name of the Brighton Hospital for Women be reinstated upon the list of institutions at which pupils may be trained on the annual approval by the Board of their Lecturing Staff and Training Midwife.

Correspondence with the Secretary and with the Lady Superintendent of the Cheltenham District Nursing Association with regard to the admission to examination of a candidate who having tendered a falsified certificate of birth had been excluded from examination until June, 1915, was considered.

A letter was read from the candidate on the same subject, and it was decided to admit her to the examination.

It was agreed to inform the Medical Officer of Health of Sheffield and the County Medical Officer of Health of Lancashire, who had written to the Board on the subject, that any case of a ruptured perinaeum which requires stitching is a case of "serious rupture" within the meaning of Rule E. 20 (3).

The application of Dr. Isaac Banks, of 2, Park Lane, Aberdeen, asking the Board to replace his name on the list of medical practitioners approved for the purpose of the practical instruction of pupil midwives, was granted.

A letter was received from the Honorary Secretary of the Plaistow Maternity Charity, forwarding the Examination Schedule of a candidate whose birth certificate had been tampered with.

It was agreed to inform the Honorary Secretary of the Plaistow Maternity Charity that the Board requires a fresh and unaltered certificate of birth in the case of this candidate.

A letter was read from a medical practitioner approved by the Board as a lecturer to pupil midwives, with regard to the circumstances under which he had suggested to the Matron of a recognised Training School that she should train one of his pupils within a period of not more than four weeks as a qualification for entering for examination. It was agreed that no further action be taken.

APPLICATIONS.

For Voluntary Removal of Name from the Roll.—The applications of eight midwives for the removal of their names from the Roll were received and granted.

For Recognition as Lecturer.—The applications of Dr. John Wishart and Dr. William David Coghill were granted; and that of Miss Margaret Rorke, M.B.

For Approval to Undertake the Practical Training of Pupils.—The applications of the following midwives were granted: Midwives Lucy Aldred (No. 24971), Mary Jane Lemm (No. 27135), Florence Kelly (No. 28733), Ellen Eliza Mailing (No. 5761), Alice Ethel Pitt (No. 31801), Florence Rodmell (No. 33501), Marianne Eliza Robertson Spencer (No. 34776).

GREAT EXAGGERATION.

The Charity Organisation Society, in a circular recently issued, report that inquiries in forty-five centres are unanimous in describing the likelihood of a very high illegitimate birth-rate in places where troops have been stationed as a "great exaggeration." Thus, in one locality where it was said 1,000 births were expected inquiry brought to light one case only. The Society say they wish to point out that the inquiries show that "the soldier is responding to the high ideal formed of him, and that those who have spread what turn out to be grotesquely exaggerated rumours to the detriment of his character have neither served him nor his country."

LECTURES ON BABIES.

Dr. Ralph Vincent will lecture on "Babies," at the Infants' Hospital, Vincent Square, Westminster, during June, as under:—

June 8th.—"The Chemistry of Milk."

June 15th.—"Substitute Feeding."

June 22nd.—"Gastric and Intestinal Disorder."

June 29th.—"Clinical Cases Illustrative of Various Diseases and their Treatment."

Ticket for the course, 5s.; or single lecture, 2s.

POST GRADUATE WEEK

FRIDAY, MAY 21st.

Friday, May 21st, was the last day of the Post Graduate Week at the General Lying-in Hospital, York Road, S.E., Saturday being devoted to the examination. It began at 11.30 with another demonstration in the milk kitchen by Sister Morley, on the same lines as the previous day, and the kitchen was crowded to the door with an eager and interested audience.

In the afternoon the class assembled at the Hospital at two o'clock, and then divided, one half going to the Walker-Gordon Dairy Farm at Wembley, and the other to the Museum of the Royal College of Surgeons.

At Wembley the party were conducted round the beautiful grounds and rock garden by two of the staff. They saw the milking done by milkers wearing overalls, who first wash their hands and clean their nails. The milk is cooled rapidly by running it over blocks of ice and stored at the temperature of 32 deg. Fahr. All cans, pails, and bottles are sterilised, and if bottled immediately and sealed, the milk so treated keeps indefinitely.

The party also saw the fine stables, and the department for preparing prescription milk, and had explained to them the method of estimating the amount of fat contained in the milk. Before leaving they were most hospitably entertained to tea.

The party which accompanied Sister Olive to the Museum of the Royal College of Surgeons and listened to Sister Olive's lucid explanations of specimens had a treat not easily forgotten. It is pathetic to see how eager women are to see or to learn anything which will illuminate their work for them, and to realise how seldom they receive the desired information.

Sister Olive's knowledge, enthusiasm, sense of humour and gift of teaching make her an ideal lecturer, and those who again visit the Museum "on their own," which it was the intention of the demonstration to stimulate, will realise how much they learnt in one short hour.

On their return to the Hospital, the party found a dainty tea, over which the Matron hospitably presided, awaiting them in the garden, and then the majority attended Dr. Fairbairn's class for pupil midwives on the subject of precipitate labour.

BLOOD PRESSURE IN PREGNANCY.

Dr. F. S. Newell, in an American contemporary quoted by the *British Medical Journal*, reports observations on the blood pressure during pregnancy in 450 cases referred to the Prenatal Committee of the Woman's Municipal League of Boston. As soon as the patient was referred, she was visited by a nurse, who gave her advice suited to her circumstances in regard to hygiene, diet, &c., and took the blood pressure and a sample of urine for the albumin test. Visits were

repeated at ten-day intervals, or oftener in doubtful cases, until labour. All abnormalities were reported to the proper persons who could give adequate attention. The average blood pressure during pregnancy is commonly stated as 118, and a range between 100 to 130 was considered as normal; 421 patients showed a normal pressure throughout. The remaining 29 showed at times a higher than normal pressure. Four mothers died out of the 450—one from pneumonia, one from haemorrhage of placenta praevia, one of heart disease, and one of septic infection. The blood and urinary examinations showed abnormal conditions in all four. There were nine stillbirths. Four were due to difficult operative delivery, two to placenta praevia, and one each to premature detachment of the placenta, congenital syphilis, and fetal monstrosity. In each case the blood pressure and urine were normal. There were four premature births, and three of the babies died—one at seven and two at eight months. In two of these cases the mother showed an abnormally high blood pressure, one of them showing a definite toxæmia. The conclusions reached are that the study of the records of these cases shows definitely that a considerable number of patients have a temporary rise in blood pressure during pregnancy without the development of other symptoms, as is found in patients under other conditions. The significance of this rise in blood pressure can only be ascertained by a frequent study of the blood pressure in a large number of cases. In other cases the rise in blood pressure was followed by the appearance of albumin, a combination of which has been shown to be a definite indication of the development of toxæmia. In only one case, however, did convulsions develop, the other cases yielding to treatment. Thirty-nine cases showed slight traces of albumin in the urine, but no changes in the blood pressure. As the urine was not obtained by catheter, the source of the albumin is unknown; but in the majority of the cases it was probably due to contamination of the urine by leucorrhoeal discharge. To judge from these cases, the presence of a slight amount of albumin, if not accompanied by a rise in blood pressure, is negligible. Eleven patients showed albumin with a high blood pressure, all of these being presumably more or less toxæmic. Five patients showed a blood pressure of 140 or over throughout the period during which they were under observation. Only one of these patients developed albumin at any time during the pregnancy, and all passed through labour normally, which would tend to prove that persistent high blood pressure, in the absence of other signs, is not necessarily a dangerous symptom, although it should always arouse suspicion and call for increased watchfulness—whereas, as was shown in other cases in this series, a rise in blood pressure from a low point is not infrequently followed by the appearance of albumin and the development of symptoms of toxæmia, and is more significant than a high pressure throughout.

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EDITORIAL.

A GREAT MORAL ISSUE:

WHAT WE ARE FIGHTING FOR.

As the War develops the grounds upon which we entered into it, and upon which it is being fought are increasingly comprehended, and they were well expressed by the Bishop of Pretoria in a sermon preached at the church of St. Martin's in the Fields on Sunday last.

The Bishop claimed that "we were fighting first and foremost for the sanctity of the word given, and we were suffering through the fact that we kept our word last year. We were fighting not for the material, but for the spiritual life of the Empire and of the world. A great moral issue hung in the balance to-day, and that alone made it worth while to undergo all this loss of life and suffering. . . . We were fighting against the spirit of evil let loose in a nation . . . It was going to be a big job, therefore the sooner it was begun the better it would be. It was only possible to win if the people at home were inspired by the same spirit as the men at the front."

The spirit which the Bishop found at the front during a month's visit there was that of the great surrender, unity of purpose, every one under orders, no one considering the things he possessed to be his own—all sharing their happiness in success, their sorrow in defeat.

It is because the War was not of our seeking, because like our heroic Belgian allies we entered into it, because honour demanded that we should keep our pledged word, that our sailors and soldiers are fighting to-day with a gallantry and heroism that are the admiration of the world. The only compulsion which impels them is the compulsion of a just cause in which they have profound faith, and, like the knight of

old, the British soldier to-day can sincerely say

"My strength is as the strength of ten,
Because my heart is pure."

The strongest incentive to achievement is the knowledge that we are at war to preserve everything that makes life worth living: honour—freedom—and spiritual, as opposed to material, life and ideals. It is to preserve these that the nation is ready to make every sacrifice.

The Bishop pointed out that the enemy were people of one purpose. They had made the great surrender, but they had made it on the wrong side. The lesson to be learnt here is that our surrender in the cause of right must be as complete, the spirit inspiring those at home no whit behind that dominating our brave troops.

So far as the nursing profession is concerned, we may claim that it is ready unreservedly to fulfil the duties imposed upon it with absolute self-surrender and devotion. It has given evidence of these qualities in the work of its members in military hospitals and hospital ships, at home and abroad, in the way in which nurses willingly risk and lay down their lives for their patients, in their coolness under fire, their courage when ships on which they are travelling are sunk by enemy craft. And more than this, the atmosphere they generate in hospitals where wounded men are received is precisely that which is most healing and helpful to those whose days have been passed in the nerve-racking atmosphere of war, and who physically and mentally need rest and recuperation.

The quiet, unostentatious, competent work of the women who have passed through years of preparation in hospitals and infirmaries may not at the present moment be fully realized, but when the history of the War comes to be written the page inscribed with the work of nurses will be a lustrous one.

OUR PRIZE COMPETITION.

WHAT IS AN INTRAVENOUS INFUSION, AND HOW IS IT APPLIED?

We have pleasure in awarding the prize this week to Miss Hilda Reynolds, Queen's Hospital, Hackney Road, N.E.

PRIZE PAPER.

By an intravenous infusion is meant the introduction of fluid into the veins; the fluid generally injected is salt and water, which is given in severe cases of hæmorrhage, shock, diarrhoea, diabetic coma, and uræmia. Drugs are also introduced into the system in this manner for the cure of certain diseases, e.g., salvarsan (syphilis).

In former years the infusion or transfusion of blood was much used for the treatment of shock and collapse—namely, a patient suffering from the above had injected into his veins blood from the veins of some normally healthy individual. This method is now entirely given up, but transfusion of blood is sometimes, though only in rare instances, resorted to in cases of obstinate hæmophilia.

THINGS REQUIRED FOR A SALINE INFUSION.

1. *General Instruments.*—Scalpel, forceps (dissecting and pressure), aneurysm needle and silk, scissors, skin needle and sutures. With adults, instead of making an incision, a stabbing needle is sometimes used.

2. *Bandage* to tie round the limb, and things for rendering the patient's skin aseptic.

3. *Dressings.*

4. *Infusion Apparatus.*—Two lengths of rubber tubing (joined by glass connection), to the one end of which is fixed a glass funnel or barrel of glass syringe, and to the other a small curved glass or silver canula; if not at hand, a large hollow needle will suffice.

5. *Four Pints of Normal Saline Solution,* 1 drachm common salt dissolved in 1 pint boiled water, at a temperature of 105° F.; to this, stimulants are sometimes added, such as pituitary extract or suprarenal extract.

METHOD OF INTRODUCTION.

Asepsis must be strictly adhered to. The surgeon wears a sterilized overall, and scrubs up as for any other operation. The patient's skin should be cleansed, and painted with 2½ per cent. iodine in spirit. Everything required for the infusion—instruments, apparatus, dressings, mackintosh, &c.—must be thoroughly sterilized.

The vein usually selected is the one at the bend of the elbow; it is made to stand out by tying a bandage round the upper arm, which is removed before injecting the saline. An incision is made obliquely over the vein, a double ligature of silk passed under it, the loop of which is cut, and the distal ligature tied; the vein is then opened, and the point of the canula inserted (the apparatus having been previously warmed and rendered free from air); the proximal ligature is now tied gently round that part of the vein containing the canula, and the fluid allowed to run in slowly—1 pint in ten minutes. The amount usually injected is about ½ pint for a child and 1 to 3 pints for an adult. When the necessary quantity is run in, the canula is withdrawn, the proximal ligature tied, and the wound stitched up and a dressing and bandage applied.

This is the quickest means we have of introducing saline into the system, but it is only used in severe cases, as the method is more complex than that for subcutaneous or rectal infusion. The use of saline infusion is to give the heart more fluid to act upon, and so raise the blood-pressure.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Sarah Backhouse, Miss E. M. Chapman, Miss S. Simpson, Miss E. T. Clark, Miss G. Tatham, Miss D. Maton, Miss E. A. Noblett, Miss M. Mackintyre, Miss G. C. Cheately.

Miss Backhouse writes that one to two pints of saline solution (prepared by dissolving 80 grs. of pure salt (sodium chloride) in each pint of distilled water at 100° Fahr.) is usually given. Such a solution mingles with the blood, without damaging its cells, and is called normal.

The time required for the introduction of a pint of fluid is fifteen to twenty minutes. If the rate is greater, and the temperature of the solution is too low, rigors and dyspnea may occur.

Miss Ellen T. Clark writes:—From one pint for a child to two or three for an adult is about the average. When the required amount has been given, the canula is withdrawn, the proximal ligature is tied, and the wound is closed with a stitch, and a dressing and bandage applied.

The rate at which the saline solution is introduced is determined by the medical attendant.

QUESTION FOR NEXT WEEK.

What are the points to be observed in caring for a case of nervous shock?

"LYMPH LAVAGE" OF WOUNDS.

Mr. Jos. J. H. Holt, F.R.C.S., writes in the *British Medical Journal*:—

I beg to bring to the notice of your readers a method of the lymph lavage treatment of wounds adopted by myself, as the result of my own investigations some two or three years ago. I have found it very successful, and it is apparently much simpler to use than the hypertonic salt solution now being brought forward.

The basal fact by which it produces a continuous lymph lavage depends upon the hygroscopic properties possessed by glycerine. If pure glycerine (specific gravity 1.260) is exposed to the atmosphere it will absorb moisture from it. If exposed long enough, 69 parts by weight will absorb 31 parts of water. It is then a eutectic mixture, being in a state of balance. If additional water is added it will evaporate back to the same proportion. Hence, if such a mixture be applied (on lint) to a wound, the temperature of which is about 98° F., whilst that of the atmosphere varies, say, from 40° to 80°, the warmer wound will evaporate a certain amount of the water; but this loss will be immediately made good by the glycerine absorbing a similar amount of water (lymph, &c.) from the wound below, and will thus maintain a constant flow of lymph to the dressing. By virtue of this property also the lymph is stopped from coagulating, and there is, therefore, no interference with its free exudation.

In order to prevent decomposition in the discharges, I add a little perchloride to the water which is used to dilute the glycerine. My practice is as follows:—To make the solution, I take any given quantity of pure glycerine (specific gravity 1.260) and add to it one-half its volume of a solution of mercury perchloride (1 in 1,000). This gives roughly a solution containing glycerine 2,000, water 1,000, mercury perchloride 1.

When dressing a wound, I wash it out with plenty of warm water (in my own case drawn from the common hot-water supply of the house), suture the skin where it will meet easily, wash next with perchloride solution, and then wipe off the surplus moisture. I wring out some ordinary white lint with sufficient of the glycerine solution to leave it in a rather moist but not a dripping condition. I make this just sufficiently large to cover all the wound, and upon the top, and sufficiently large to overlap the margins of the wound by about 1 inch, I lay a strip of oiled silk, and then cover this with a little more lint, and bandage loosely. I leave it for twenty-four hours if much dis-

charge is expected. In lesser wounds it may be left for forty-eight hours. The oiled silk is used to prevent the superficial dressings sucking up the glycerine solution. It does not interfere very much in practice with the aqueous osmotic action of the glycerine.

The perchloride of the strength named has practically no irritating action upon the sound skin adjoining the wound. The advantages of the method are obvious. There is no trouble about sterilizing dressings. The perchloride sterilizes that next in contact to the wound. Glycerine and ordinary dressings are the only other things required. In deep wounds the glycerine-saturated lint acts as a drainage tube. An additional recommendation is that it gives practically no pain.

The method is exceedingly simple, and, so far as I can see, gives all the advantages and is less trouble than the hypertonic salt solution so favourably spoken of.

INTERNATIONAL COUNCIL OF NURSES.

We received last Thursday with pleasure, and some sense of relief, a cable from Miss Hulme and Miss Kent, notifying their safe arrival at New York, so that the good ship "Philadelphia" was permitted to pass the war zone in peace. Our National Council delegates were to spend a week in New York with Miss Dock before proceeding on their sightseeing journey on the Nurses' Train to San Francisco. The Nurses' Convention is invited to attend a service in the First Congregational Church on Sunday, June 20th, when the Reverend C. F. Aked, D.D., LL.D., will speak on "The Nurse: Her History and Mystery," which is sure to be a very wonderful and eloquent address.

The Nurses' Meetings are to be held throughout the week in this new and very beautiful church, where there is ample room for section meetings and round tables.

We hear the Californian nurses are preparing a most kind welcome for those attending from Europe, Canada, and other American States, and that a very delightful meeting of the American Nurses' Association is anticipated. But for this appalling war it is probable that the Triennial Meeting of the International Council of Nurses would have equalled, if not exceeded, in brilliance and happiness all previous conventions. We can but hope for harmony in our ranks long before 1918, when we plan to meet in Copenhagen, and in this connection we have to offer to our Danish colleagues, and the women of Denmark, our warm

congratulations. Last Saturday the King gave his assent to the new Danish Constitution which establishes universal suffrage—male and female—for both Houses of Parliament, and will come into force in a year's time.

Women will vote in the Landsting elections as well as in those for the Folketing, and will be eligible to sit in both Houses.

A women's thanksgiving procession has been received by the King.

AMERICAN NURSES' ASSOCIATION.

The Programme of the eighteenth annual meeting of the American Nurses' Association, to meet at San Francisco, June 20th to 26th, is full of good things. We note that Miss Sophia Palmer, the editor of the *American Journal of Nursing*, will speak on the "Power of the Professional Press," a power which alone can preserve freedom of conscience and action for any body of professional workers—and power, moreover, which it is the duty of every loyal member of the profession to preserve from the exploitation of the quack, and consequent degradation of professional ideals. American nurses have given splendid evidence of such professional loyalty, and well deserve the financial success attained in the conduct of their official organ, the *American Journal of Nursing*, which has thus become an all-powerful support to the progress of nursing education and proficiency throughout the United States.

NATIONAL COUNCIL OF TRAINED NURSES.

The Programme for the Day's Conference on June 17th will be found on page 513. We are glad to know that quite a number of members hope to be present, in spite of war duties. Miss Beatrice Cutler, Hon. Secretary N.C.T.N., will give a short address on Registration and Military Nursing, and a resolution will be submitted, at the Annual Meeting of the Society for State Registration of Nurses. Miss H. Hawkins will read a Paper in support of founding a Trained Nurses' Economic League, Mrs. Herbert Lewis will open the discussion, and Mr. Herbert Paterson, F.R.C.S., will also speak. Mr. Paterson is warmly interested in procuring just economic conditions for trained nurses, and has realised, as we all have, the absolutely defenceless condition of nurses since the beginning of the war.

At the afternoon session Mrs. Baillie Reynolds, the great novelist, a past President of the Society of Women Journalists, will take the Chair, when "The Place of the Imperial Mother in Peace and War" will be discussed.

Mrs. Fenwick will speak on A Scheme for Social Service in Relation to the Soldier; and on the sub-sections referred to (a) Scientific Domestic Management, (b) Personal Hygiene, and (c) Preventive Nursing, Mrs. Clark Nuttall, Dr. R. Murray Leslie, and Miss H. L. Pearce will speak respectively. A good discussion is hoped for, as the Imperial Mother must in the future play her part from start to finish in our national life. Since the beginning of war, the activities of women in every direction have been extraordinary, and are day by day becoming more indispensable to the success of life worthily lived individually and corporately. The individual effort made has been beyond praise throughout the Empire, but what is now imperative is to bring order out of chaos, and to define and organise on a national basis the Place of the Imperial Mother. The whole world wants her for the saving and happiness of mankind.

The Hon. Secretary will be obliged if those members hoping to accept Mrs. Spencer's kind invitation to luncheon on June 17th will let her know during the coming week.

The whole Conference is open to all members of societies forming the National Council, and they can obtain tickets (free) for their friends from the Hon. Secretary, 431, Oxford Street, London, W.

CANADIAN NURSES FÊTED.

The party of thirty trained nurses of the St. John Ambulance Association of Canada, who arrived in London a week ago, are being very kindly entertained by the members of the St. John Ambulance Association, while being outfitted for War duty. The Duchess of Somerset, with Sir Owen and Lady Philipps, Lady Sloggett and Lady Jekyll, kindly entertained them at luncheon; and Lady Perley at a tea given to all Canadian nurses in London, at Prince's Restaurant. A visit was arranged to St. Paul's; and a tea given at St. John's Gate, where they were shown the interesting old Priory Church and the Warehouse. They have been interested in seeing the London and Guy's Hospitals—at which latter place tea was served in the Nurses' Reception Room by the staff, and an enjoyable time spent. On Monday, Lord Ludlow entertained them by a tea and music; and on Tuesday, they were the guests of Lady Jekyll—motoring to Hampton Court, where they were shown over the grounds and Palace. Although enjoying their visit exceedingly, our Canadian colleagues will be very glad when all preparations are completed and they are settled down at the work they came over to do.

The suffering of many of the sick and wounded Canadian troops has aroused the deepest sympathy upon the part of their devoted nurses.

THE MILITARY HOSPITAL, ENDELL STREET, W.C.

Those who visit the Military Hospital recently opened in Endell Street, London, W.C., in charge of Dr. Louisa Garrett Anderson, and Dr. Flora Murray, must at once be profoundly aware of a

work is beyond all praise, but the dominant control has been male, and such management is apt to deal effectively with essentials, whereas women, while laying equal stress on efficiency, bring to bear upon the problem their genius for home making, in which they are past masters, while in 6,000 years men have never yet achieved the art.

On entering the gates a courteous woman orderly



THE MILITARY HOSPITAL, ENDELL STREET, LONDON, W.C.
MISS HALE (MATRON), WOMEN ORDERLIES AND PATIENTS.

subtle difference between this and any other military hospital they have ever visited. Seeking for causes, one realises that it is because it is woman's kingdom, and woman's kingdom in a sphere which has hitherto been supposed to be man's exclusively. Woman's influence has of course been felt through the Nursing Sisters, whose

in khaki coat and skirt, with blue shoulder straps and close fitting cap and veil, takes one's business in hand and finds the Matron, Miss Grace R. Hale, lent to the hospital by the New Hospital for Women, and considering that a short time ago the building was an unused workhouse, and now it is a spick and span, cheerful, comfortable and

efficient military hospital, the selection was certainly a wise one.

Under Miss Hale's guidance I had the pleasure of seeing the hospital, and one of the first things one noticed was that the military fashion of calling wards after the letters of the alphabet has been improved upon. The letters are there, but they stand for the names of holy women and saints, an improvement which has never suggested itself to the masculine mind, which is satisfied with utility, whereas the feminine one seeks after grace and beauty. It will not take long for most of our readers to realise how little they know of the heroic lives and death of the patron saints of this hospital. They are Anne, Barbara, Catherine, Deborah, Elizabeth, Felicitas, Genevieve, Hildgarde, Isabel, Joan of Arc, Mary, Onoria, Rachel, Perpetua, Theresa, Ursula, and Veronica. Yet days might be spent in recounting their virtues, and then the half would not be told. Felicitas is worthy of special mention, as she had seven soldier sons, all of whom were slain on the field of battle.

One thing strikes one forcibly in this hospital. There are flowers everywhere. Flowers growing in tubs and in boxes, in the central square, where convalescents, in the picturesque regulation blue suits and red ties at the military hospital, lie on comfortable couches and chairs or stroll about enjoying the society of their comrades, the masses of colour, and the scent of heliotrope and other sweet-smelling flowers. Then there are flower-boxes in the windows, and fresh flowers in the wards, arranged with so much skill that one wonders the busy Sisters have so much time to devote to this one item. But a question brings the information that Mrs. Alan Anderson and a staff of willing helpers come every morning, arrange fresh flowers in the wards, and attend to those outside. Incidentally I may mention that my visit was made on the day after the "War Babies" meeting, arranged by the W.S.P.U., and the flowers then presented to Mrs. Pankhurst and Miss Annie Kenney were amongst those which adorned the wards.

The library for the patients is in the expert care of Miss Beatrice Harraden and Miss Elizabeth Robins, and Miss Bessie Hatton is organiser for the entertainments which add so much to the pleasure of the convalescent soldier.

The wards are pleasant places, the larger containing 40 and the smaller 30 beds, and there are also a few small wards. They are wide and bright with windows on either side, and the freshness that comes from through ventilation, which is the more observable as in an old building, the sanitary towers are not built on the modern plan which demands their division from the wards by short corridors with cross ventilation.

The walls are painted green in colour, forming an effective background for the quilts and screens, which differ in the various wards. In one, the quilts are the warm red and blue striped army blankets, others in delicate colours on a light ground, some again are pure white, while in one

ward there are quite sumptuous quilted silk coverlets, salmon pink in tone.

The Ward Sisters must have a heavy and anxious time, for there is no intermediary, either junior Sister, or staff nurse, between them and the women orderlies, who, carefully selected from the cultured class from which probationers should always be drawn, are, I was told, doing admirable work. Nevertheless, the one criticism I would venture to make is that for the perfection of the nursing arrangements the certificated nurse working under the Sister is indispensable.

The uniform of the Sisters is of blue grey washing material with scarlet shoulder straps bearing the letters W. H. C. (Women's Hospital Corps). The women orderlies when in the wards don their khaki coats and don large white overalls.

The kitchen arrangements are in charge of lady cooks, and to judge from the appetising cocoa being prepared for the evening meal, and the great cauldron in which wholesome Scotch oatmeal was being thoroughly cooked in anticipation of the next morning's breakfast, the food is thoroughly nutritious and appetisingly served.

A feature of the hospital is the large dining room in which all the convalescents dine together, a relief to the wards, and a pleasure to the men.

The spacious mortuary, suitably furnished, draped with purple hangings, and decorated with appropriate texts is dignified and reverent, and bears evidence of women's care.

Lastly, one must not omit to record that joy as well as sorrow and pain finds place in the wards, when, owing to the surgical skill at the disposal of the patients, some of the best gifts which life holds, and which have been trembling in the balance are restored to them. "Have you heard the good news Matron," said one—a Yorkshireman, whose pal was out for a drive—almost overcome by emotion, "E's going to 'ave 'is sight, 'e see light for the first time this morning, and when I heard it, I said, come outside, and let's 'ave a jig. And I'm to go home to Yorkshire to-morrow, so we're both in luck."

The following constitute the staff of the hospital—*Officers in Command*.—Dr. Louisa Garrett Anderson and Dr. Flora Murray.

Orderly Officers.—Dr. Sheppard, Dr. Woodcock, Dr. Fraser, Dr. Jobson, Dr. Gazdar, Dr. Buckley, Dr. Rawlins, Dr. White, and Dr. Chambers.

Matron.—Miss Grace Reynolds Hale.

Sisters.—Miss Rudd (Assistant Matron), Misses Belton, Pratt, Pearson, Comer, Lawrence, Breen, Ivedt, Sheppard-Yeoman, Robertson, Jackson, Cordon, Hardy, Holloway, Lawton, Clarke, Gibson, Greenway, May, Teale, Willis, Clemow, Townsend, McQuilkin, McKenzie Turner, Black, Moore, Scott, and Waters.

Orderlies.—There are also 60 Women Nursing Orderlies, a Quartermaster, and a Steward, and a Male Orderly on each floor.

Dispenser.—Miss Draper.

And two Masseuses (outside helpers) belonging to the Almeric Paget Massage Corps.

M. B.

NURSING AND THE WAR.

The King and Queen paid a visit to the Queen Alexandra's Hospital for Officers at Highgate last Saturday, and were very gracious and kind to the patients and staff. The Queen observed that some of the patients on the verandahs were not entirely protected from the sun by the existing awnings and intimated her intention to provide the additional awnings necessary.

Queen Alexandra has presented a silver-mounted walking stick and a service pocket book to each patient in the hospital, and a box of chocolates to each member of the nursing staff.

It is to be regretted that out of thousands of Voluntary Aid Workers, of the 3000 asked for by

the War Office, to act as probationers in military hospitals, comparatively few women of the right age are prepared to volunteer for the year's service under military discipline. The term of service has, therefore, been reduced to six months, so that just as these workers have acquired a little practical experience, and their services are of value to our sick and wounded men, they will be at liberty to leave. This short term of service will add still further to the responsibility and hard work of the trained Sisters and nurses, whose duties already impose a sufficient mental and physical strain on their health.

On the other hand we are informed by Matrons and Sisters: "Short term probationers have their advantages—they are usually of a better educated class than the type of probationer who, of late years, has taken up nursing, more like those of thirty years ago, who entered hospitals because they had the vocation. The short term worker is in a hurry, she wants to see and do all she possibly can in the few hours she is on duty daily; she is not a 'lifer,' compelled to earn her own living, with years of hard work demanded from her before she is considered qualified for a certificate. She usually comes from a comfortable home, and has no financial anxiety—as she is

paid staff nurse's wages from the first and she knows that if she does not feel up to duty, she can stay comfortably in bed at home. It is inevitable that comparisons will be made by the less fortunate four years' probationers, and their deductions are likely to produce many reforms in their term of hospital service after the war. . . . Several have said to me: 'Why should we drudge for four years if nursing is such simple work that it can be safely performed by untrained women? And why should we not have £20 salary in our first year? If V.A.D.'s are worth it, we are more so, as we shall use our skill for the hospital when acquired, whereas the short term pro. will give none of it: before she is skilled she departs.' "

There is little doubt nursing service and training

will have to be considered when the schools are reorganized after the present upheaval.

The Matron of the Liverpool Merchants' Mobile Hospital with the British Expeditionary Force in France writes to a member of the Liverpool Cotton Association:—

"I feel that I should like very much to thank you and all the kind friends of the Cotton Exchange who sent the very handsome present of sweets, flower-pots, &c., for our hospital. They

were all just the very things we were wishing for and did not get, so now we feel very well off indeed. It is also such a pleasure to us to feel that you are thinking of us at home and that we have your sympathy.

"We all feel it is a tremendous privilege to be here and to do this work, and having got it to do what we want is to make the hospital worthy of Liverpool.

"We have dealt with about 600 cases already, and have only had one death. It is very appalling to see the endless stream of stretcher cases arrive, each with what has been a fine, strong young man, now a hopeless wreck. It makes one mad with rage and would break one's heart if there was time to think, which fortunately for us there is not, as there is so much to do to relieve them. The gas cases are too ghastly, eyes limp, nerves ruined.



L'HÔPITAL MILITAIRE NOTRE DAMES DES GRÈVES,
PARMÉ, ST. MALO.

"Conscription would be quite unnecessary if we could only have the young men who are still hanging back here for five minutes when a convoy is arriving.

"We have had a good many of the King's Liverpool men, principally the 7th, and we give them a specially warm welcome. The sisters have worked splendidly, and I don't think it would be possible to find a better staff."

Miss Phoebe Mapletoft, of the Registered Nurses' Society, writes from L'Hôpital Militaire Notre Dame des Grèves, Paramé, St. Malo :—

"For nearly three months now I have been

the aseptic system with good results. We have also two other English doctors—Dr. Hammond and Dr. Carter.

"We have a nice little operating theatre, fitted up with all that is required; and sterilizer for dressings, towels, overalls, &c. We have also an X-ray and electrical department, given and worked by a Mr. Hutton, from Jersey, who is doing most valuable work, both in X-rays and radiography for finding foreign bodies, and also in treating our patients after nerve injuries with electricity.

"During the last few weeks we have had some very bad cases; and, in addition to their wounds,



STAFF OF L'HÔPITAL MILITAIRE, NOTRE DAME DES GRÈVES.
MEDICAL AND NURSING STAFF.

Major De la Rue. Miss Williams, Matron. Dr. Cope.

Sister in Charge of the Operating Theatre, in addition to my wards of twenty-four beds, so, between the wards and theatre, I am kept fully employed, as we have operations practically every day, except Sunday.

"Our hospital has now 135 beds, extra beds having been put up owing to the great demand for beds in this district; and at the present time we have 126 patients in the hospital.

"Dr. Harris, of Bournemouth, our Surgeon in Charge of the Hospital, left us in February; and Dr. Cope, from Australia, has taken his place. Dr. Cope is an excellent surgeon, and works on

the poor men have been practically exhausted, and lost all their nerve.

"I am always glad to get THE BRITISH JOURNAL OF NURSING each week, and to know what is going on."

Miss Dorothy Snell, Matron of the Scuola Convitto Regina Elena, at Rome has left for Verona with 24 nurses, who will work in a hospital for sick and wounded soldiers. We are sure that the nurses of the Regina Elena School will be delighted to have this opportunity of serving wounded Italian soldiers, and will realise that their

days of probation were well spent in gaining the knowledge which has fitted them for this honourable and patriotic duty. Miss Snell's former colleagues on the Registered Nurses Society, London, will watch her work with interest, knowing well in what capable hands it has been placed.

We know of a voluntary hospital in France, kept up by public subscriptions in England, the nursing staff of which consisted of an uncertificated nurse, a V.A.D. worker, and a *gouverness*, the latter two of whom had never done a day's hospital nursing in their lives! Wicked waste of money often given by great self-sacrifice.

Miss Melita Jones, R.N., Hon. Secretary of the Central Council, New Zealand Trained Nurses Association, writes from Auckland, "When gazing across our beautiful harbour one feels far removed from the strife of battles. Our heartiest good wishes went with Miss Maclean, our much respected Lady Inspector of Hospitals, who left for England last week with a contingent of fifty nurses. We hope to hear, ere long, that they are doing useful work at the front. The ties that bind us to the dear Homeland are very strong, and we love to think our small band of nurses may be able to fill a gap."

ANOTHER CANADIAN CONTINGENT.

The following Canadian Nursing Sisters, belonging to No. 4 General Hospital, have arrived:

Miss A. J. Hartley (Matron), Misses M. J. Allwood, J. Alport, P. Austin, K. Adams, M. L. Adams, E. E. Augustine, A. B. Baird, M. Bastedo, M. A. Best, E. A. Brewer, E. de V. Clarke, N. E. Campbell, A. Craddock, A. L. Campbell, S. A. Campbell, I. P. Courtice, A. P. Christie, F. Conlin, F. Charteris, M. Cummings, M. Carmichael, A. Doig, A. M. Darling, L. A. Davis, M. E. Dove, E. Dunn, D. Dean, Mrs. S. M. Driver, Misses E. F. Elliott, C. M. Ellis, A. Fields, M. E. Fletcher, S. E. Fellows, J. M. Ferguson, E. E. Fraser, A. V. Gamble, L. Gamble, M. F. Galbraith, A. M. Grindlay, G. A. Gray, L. E. Galbraith, A. Huston, E. M. Huston, E. M. Johnston, M. G. Lucas, E. Morris, E. L. Moore, G. Muldrew, M. McEvoy, J. M. Martin, H. B. MacCallum, M. Owen, M. McCort, E. McLeish, E. McEachern, A. Oram, C. M. Oatman, R. G. Peterkin, I. Robertson, E. L. Richmond, M. E. Richardson, A. K. Ross, L. M. Stevenson, C. I. Stewart, H. Sibbald, W. Stagg, J. T. Scott, G. L. Spanner, A. M. Sterling, N. Turner, M. E. Wilkinson, C. L. White, M. Wood, and G. Coxall (stenographer).

SCOTTISH WOMEN HELP OUR ALLIES.

A warm tribute has just been paid by Lord Methuen, Governor of Malta, to the efficiency of the work done on that island by the Second Serbian Unit. This unit was sent out by the Scottish Women's Hospitals for Foreign Service, from Scotland on April 10th, under Dr. Alice Hutchison, and detained at Malta by order of the Governor, as the nursing staff at that time

was found insufficient to adequately attend to the British wounded in hospital there. Lord Methuen, writing from San Antonia Palace, Malta, says:—"As I have written to Sir Ralph Paget, it is not in my power to express my gratitude sufficiently for the help given me by the Serbian Unit. There came the first avalanche of wounded, and no further aid from home was due for a fortnight, so sooner than see my men neglected in order to nurse Serbians, I took it on myself to detain the unit for one fortnight. They leave here blessed by myself, surgeons, nurses, and patients alike, for they have proved themselves most capable and untiring workers. They never made the smallest difficulty, and would not have been sorry had I ordered them to remain another week."

Letters received from different members of the Serbian Unit all go to show that this group of Scotswomen were treated at Malta with the greatest consideration and kindness, and would have been glad to remain there had they not felt that their honour demanded that they should go on to Serbia.

The Scottish Women's Hospitals have already done much good work both in France and Serbia, and as they are steadily extending their activities, constant support is required from the public. Two hospitals are in full swing in Serbia. The first French Unit, whose headquarters are at Royaumont, which is under the Croix Rouge, has won the complete confidence of the authorities, and at an entertainment held recently for the benefit of the patients a great compliment was paid to the staff by General Joffre. A traveller, in passing through Chantilly, had left 1000 francs for the wounded of the neighbourhood, and 300 francs of this gift were dispatched by General Joffre for the men in the Scottish Women's Hospital. The gift was delivered by an aide-de-camp of General Joffre, who explained its origin and warmly praised the manner in which the hospital was run.

The second French hospital has been opened at Troyes. The Scottish women had the assistance at Royaumont of Mrs. Harley, sister of General French, who acted as administrator, and the same lady has undertaken to look after the administrative work in the new hospital. Troyes, with the exception of the operating theatre, is a "canvas" hospital of 200 beds, and it is expected that this open-air treatment will be of the greatest benefit in the curing of septic wounds.

Another great undertaking which will be started in France at a near date by the Scottish Women's Hospitals for Foreign Service is the organising of a clearing hospital, not this time under the Croix Rouge, but directly under the military authorities, which will act from the firing line as feeder to Royaumont and Troyes. This, too, will be under canvas, and among the gifts already received for this clearing hospital is a fine X-Ray travelling car which has been equipped under the supervision of Madame Curie and Mrs. Ayrton.

FRENCH FLAG NURSING CORPS.

Sisters Barry and Dora Barlow have returned to England owing to family affairs, at the termination of six months' service with the Corps. They have recently been working at the fine Military Hospital at Caen where they were made very happy, and greatly regret giving up their work in France. The pictures on this page show Sister Barry and the F.F.N.C. staff outside the Hospital, and Sister Barlow in her ward with her French patients, "the most grateful and helpful of men."



GROUP OF SISTERS AT L'HÔPITAL MILITAIRE, CAEN.

A unit, with Miss Margaret Maxwell as Supervisor will leave for France on Saturday, 12th inst. Miss Maxwell was trained and certificated at the Royal Infirmary, Edinburgh, and is Matron of Simmer and Jack Hospital, Germiston, South Africa, and is on leave for war work. The following nurses will form the unit: Miss I. M. Sheard, cert. Metropolitan Hospital, London; Miss G. Moggach, cert. Royal Infirmary, Bradford; Miss K. Bulley, cert. General Infirmary, Leeds; Miss L. Bleakley, cert. Sheffield Union Infirmary; Miss L. C. E. Maize, cert. Royal City of Dublin Hospital, Dublin;



SISTER DORA BARLOW AND FRENCH PATIENTS, CAEN.

and Miss M. E. Dykes, R.N.S., cert. Great Northern Central Hospital, London.

Some of the following members of the Corps have been deputed to work in new regions at the Hospital Rebeval, Neufchateau: Sisters E. M. Smith, E. A. Holme, L. F. Wood, B. M. Beynon, R. F. Wearn, and J. Manly. Miss A. Roberts with the following Sisters are on duty at Toul: L. Mallon, H. E. Canning, D. E. Pope, A. Watkins, and A. Lawley. Sister Ida Peile with Sisters Hawthorne and MacLean Stevens are at Caen, and Sister V. Macarthur at Lisleux.

We have received the following gift this week from Miss Thompson, of Whitchurch: Cakes soap, tooth brushes, handkerchiefs, knitted scarf and old linen. They will be forwarded where they are greatly needed, as all such things are in military hospitals in France.

WOUNDED ALLIES' RELIEF COMMITTEE.

The following nurses left London on June 3rd with the unit for Montenegro, with Dr. Gerard Carré and Miss Elkington (Matron), whose appointment we notified last week: Misses M. McCahon, Weaver, Rose Kettle, E. Dutton, D. E. Rundle-Woolcock, A. E. Allen, and Margaret Rushbridge; and Mr. Charles Izzard, Male Nurse Attendant.

The following nurses, with a Matron to be appointed, will leave later: Misses J. Cowie, D. H. Mackintosh, Ada Webb, Edith Bolton, and Charlotte Fennall.

The hospital will consist of 200 beds; and its initial work will be to assist in stemming the typhus in the Ipek and Djakora district. Later, it is to be hoped that the epidemic may permit of the unit being adapted for surgical purposes.

In a recent letter Dr. Ormiston reports that the areas infected with typhus are in the new provinces on the Serbian side and that as the weather gets warmer, the disease is tending to become milder.

There is a great shortage of flour and other important food stuffs, and clothes of all kinds—for men, women and children—are urgently needed. While awaiting the Committee's decision to send a unit Dr. Ormiston inspected all the hospital arrangements and Austrian prison camps, giving valuable help and advice. She will now be occupied in preparing a building for the use of the Unit and has, no doubt, achieved the journey to Ipek of which she says "the journey will take about seven days mostly done on mules and the government will send an escort with us as parts of the road are dangerous."

The hospital at Limoges supported by the Wounded Allies Relief Committee, which now accommodates a hundred and fifty patients, has received the warmest praise from General Delorme,

who is France's leading military surgeon and has been appointed by the Minister of War to make surprise visits to all institutions for the wounded. The feeling of the French Government is expressed in its gift of three thousand francs for a hut to accommodate twenty more patients.

JOINT WAR COMMITTEE.

The following nurses have been deputed to duty under the Joint War Committee:—

Divisional Hospital, Bedford.—Miss E. F. Burke, Mrs. L. Phillips.

V.A.D. Hospital, The Cedars, Beeston, Notts.—Miss A. M. Browne.

Temple Newsam, Leeds.—Miss C. Aitken.

V.A.D. Hospital, Northwood.—Miss F. M. Haswell.

V.A.D. Hospital, Clayton, Wakefield.—Miss T. I. Morgan.

Royal Sea Bathing Hospital, Margate.—Miss M. Graham.

Military Hospital, Regent's Park, Southampton.—Miss W. Stokes.

V.A.D. Hospital, Hayes End, Hillingdon.—Miss E. Lincoln.

V.A.D. Hospital, Tonbridge, Kent.—Miss V. Collins.

Sandacres, Parkstone, Dorset.—Miss L. L. Eskell.

Auxiliary Military Hospital, Timberhurst, Bury.—Miss M. Foster, Mrs. I. E. Mellor.

V.A.D. Hospital, Yacht Club, Gravesend.—Miss S. F. Cosgrove.

V.A.D. Hospital, Corsham, Wills.—Miss R. Lietti.

V.A.D. Hospital, Arnott Hill, Daybrook.—Miss L. J. Attree.

Auxiliary Military Hospital, Moor Park, Preston.—Miss M. H. Bevis.

Auxiliary Military Hospital, Southall.—Mrs. E. Cale.

Langley Park, Slough.—Miss F. E. Turner.

V.A.D. Hospital, Earl's Colne, Essex.—Miss A. Wright.

Fair View Military Hospital, Ulverston.—Miss N. Cunningham.

V.A.D. Hospital, Upper Slaughter, Gloucestershire.—Miss A. C. Revell.

Red Cross Hospital, Woodhall Spa.—Miss K. Bennett Jones.

Kempston Hospital, Eastbourne.—Miss R. M. Kremer.

Theydon Towers Hospital, Epping.—Miss G. im Thurn.

Red Cross Hospital, Barry Docks, Glam.—Miss I. MacGregor.

Red Cross Hospital, Netley.—Miss M. Gawthorpe.

Red Cross Hospital, Hawkhurst, Kent.—Miss M. Wallace.

Lund Wood Hospital, Barnsley.—Miss A. M. Hughes.

V.A.D. Hospital, Foye House, Leigh Woods, Bristol.—Miss E. Chamberlain.

Holmdene, Leamington, Spa.—Miss E. F. Webb.

Regent's Park, Southampton.—Miss M. E. Chisholm.

Red Cross Hospital, Grantham.—Miss M. A. Garrard.

V.A.D. Hospital, Trowbridge.—Miss A. M. Woods.

Soldiers' Hospital, Royston, Herts.—Miss G. A. Brownrigg.

Glen Red Cross Hospital, Southend.—Miss M. Burridge.

Clipstone Camp, Mansfield, Notts.—Miss J. Clarkson.

Little Charlton, East Sutton, Maidstone.—Miss M. F. James.

Laverstoke House, Whitchurch, Hants.—Miss S. F. Norfield.

Abbotswood, Stow-on-Wold.—Miss L. Charles.

Red Cross Hospital, Brankmere, Southsea.—M. Studley.

American Women's War Hospital, Paignton.—Miss L. H. Lane, Miss E. Fyson.

Red Cross Hospital, Cirencester.—Miss K. Todkill, Miss K. Webb.

In furtherance of the Lord Mayor's special appeal to the citizens of London for help towards the funds of the British Red Cross Society and the St. John Ambulance Association, a public meeting will be held at the Mansion House on Wednesday, the 16th inst., at 3 p.m. Lord Lansdowne and the Hon. Arthur Stanley, M.P., will be among the speakers.

A wonderful loan exhibition of old English plate is now on view at Messrs. Garrard's, 24, Albemarle Street, W., in aid of the British Red Cross Society and the Order of St. John. We all give every penny we can afford in support of the sick and wounded in these days; but it is a rare treat for lovers of the antique to receive such a delightful exchange for a modest half-crown, as the catalogue of this beautiful exhibition of silversmiths' fine work.

Casualties in the Dardanelles are appallingly large, and stores in Egypt and Malta constitute at present a very pressing need of the Red Cross Society; it would be well for the public to help all they can to supply the needs of the hospitals in the Mediterranean, both with money and goods.

British Prisoners of War Fund.—In connection with this Fund, which has been set up at Pall Mall under the direction of Lady Dodds, for despatching 5s. boxes of food through the G.P.O. to British prisoners interned in Germany, 1,612 boxes have been sent to 42 different British prisoners' camps throughout Germany. The boxes are made up and despatched from Room 119 at 83, Pall Mall; whilst parcels of food and clothing go as usual from 11, Nevcrn Square, S.W. Lady Dodds has received a large number of postcards, expressing the gratefulness of British prisoners who have received boxes of food and clothing.

THE CARE OF THE WOUNDED.

It is announced from America that Mme. Marie Depage, the wife of Dr. Antoine Depage, the great Belgian surgeon, who lost her life on the *Lusitania*, had with her over a hundred thousand dollars, which she had collected for the Red Cross needs of her country from friendly Americans of all classes. Mme. Depage was a lady of the very greatest charm, and a fine patriot, whose cruel death will be long and sincerely mourned by innumerable friends both in Belgium and England.

Lord Iveagh has asked the Red Cross to equip at his expense the existing spare wards in the Dublin hospitals, thereby adding 167 beds. He has also offered to carry out the suggestion of the military authorities to increase the accommodation for wounded soldiers at King George V Hospital by the erection of an auxiliary hospital, composed of huts, containing 200 beds.

A Royal Academician has made a charming design of flower beds and shrubs in tubs for the acre and a half of cement on the roof of King George Hospital in Stamford Street, S.E., whence a magnificent view of the river is to be obtained. This part of the plan will not be carried out until the more indispensable things are finished, but the roof garden will be appreciated when it is finished, and two dozen revolving shelters have already been installed. In addition, there will be six recreation rooms and a great gifts department, where Lady Ripon is piling up comforts and amusements for the future patients. The King and Queen honoured the Hospital with a visit on Tuesday last.

The fruition of a scheme for the provision of a recreation hut at the 4th Northern General Hospital, Lincoln—a scheme which has been so readily taken up by the generous public of Lincolnshire and Nottinghamshire that in a space of time particularly short the hut has been erected and furnished—stands as a memorial of the readiness with which the necessity has been met from the purses of the residents in the counties. It is a hut, too, which does justice to the Hospital, for nothing has been left undone by the architects and by those responsible for the furnishing to make it complete for the purpose for which it is intended—the comfortable and quiet recreation of the men who have fought and suffered for their country, and will as time passes become convalescent in the Lincoln Hospital, and be ready and anxious to participate in the comforts of such a room.

Mr. Leslie Melville has given the pictures, and to Messrs. Lloyd the gift of the billiard table is due. The flowers in the tubs outside are the work of Mrs. Sandars, and Messrs. Pennell have given the hanging baskets of flowers. Lady Brownlow has furnished the books, Mrs. Portman Dalton has provided the games. The work of gathering the furniture has entirely been done

by the Ladies' Committee, who have worked untiringly to add to the restoration to health of those who have sacrificed so much for us. The hospital staff are profoundly thankful for the hut, which will add greatly to the happiness of their patients.

The extension of the 1st Scottish General Hospital, Aberdeen, consequent upon the taking over of Oldmill Poorhouse for the accommodation of sick and wounded troops, adds greatly to the scope of the various organisations associated with the provision of entertainments and comforts for the men from the front. This will be realised when it is explained that the hospital is now being extended from 600 beds to a total of 1226. It is recognised that no return can be too generous on the part of the civilian public to the brave fellows who have suffered in the defence of the Empire, and all who inhabit it. Gratitude is felt by all, but empty thanks are insufficient, and we may point out that generous as have been the gifts to this hospital, the generosity of the public must now be doubled. Gifts of food, delicacies, smokes, garments, stamps, stationery, newspapers, books, games, to say nothing of the loan of motors, will all be received with pleasure.

£37,616 9s. 11d. has already been subscribed to the Lord Roberts Memorial Fund for Workshops for Disabled Soldiers and Sailors. We hope the sum will soon be doubled.

NATIONAL UNION OF TRAINED NURSES.

SOMERSET AND BRISTOL DIVISION.

Miss Thurstan visited various branches in the Somerset and Bristol Division during May. The members at Bath, Bristol, Bridgwater, Weston-super-Mare, and Frome all had the privilege of hearing her interesting account of her nursing experiences in Belgium and Russia. She had various trophies and postcards to show, and all who heard her were thrilled as they listened to her account of being taken prisoner by the Germans, and her work amongst the soldiers in Russia.

Some of the Branches made collections for the Central Office, where expenses are very heavy just now, and the pressure of work is difficult to cope with on account of the register of nurses for military and civil posts.

TRUE TALES WITH A MORAL.

A WOULD-BE PROBATIONER.

Extract from a letter to a Matron: "Having been so unfortunate to fail my Scholarship (sic) Examination for a teacher, I have now seriously turned my attention to the Nursing Profession, which is encouraged by the local doctor . . . and I shall thank you to apply to him for any particulars you may require. . . —Yours respectively,
N. M."

APPOINTMENTS.

MATRON.

The Infectious Diseases Hospital, Goole.—Miss Eliza H. Brookes has been appointed Matron. She was trained for three years at the City Hospital, Coventry; and for three years at the Royal Infirmary, Sheffield; and for ten years has been on the staff of the Croydon County Borough Hospital.

SUPERINTENDENT.

Darwen District Nursing Association.—Miss Emuss, the Superintendent of the Darwen District Nursing Association, who is a member of the Territorial Force Nursing Service, has been called up for war service—probably in Liverpool—for an indefinite period. Miss Chapman has been appointed by the Committee to act in her absence as Superintendent and Matron of the Home. Miss Chapman was formerly on the staff of the Blackburn Nursing Association, and latterly has been engaged at Harrogate.

NIGHT SUPERINTENDENT NURSE.

Blackburn Union.—Miss Lily Barker has been appointed Night Superintendent Nurse. She was trained at the Haslingden Union, and has worked in connection with the Louise Margaret Hospital, Aldershot, and as Charge Nurse at the Haslingden Union.

SISTER.

Kensington Infirmary.—Miss Mary Yates has been appointed Sister. She received general training at Kensington Infirmary, and Fever training at the Old Swan Hospital, Liverpool.

CHARGE NURSE.

Blackburn Union.—Miss E. J. Davies has been appointed Charge Nurse. She was trained at the Southdown Road Infirmary, Liverpool, and has worked at the Derby Union Infirmary.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Marguerite G. Angel is appointed to Eltham; Miss Mary Gibbon, to Halifax; Miss Theresa O. Leonard, to Bromley; Miss Clara S. Morgan, to Accrington; Miss Edith A. Wellens, to Accrington.

KAISAR-I-HIND GOLD MEDAL.

Amongst the Birthday Honours the King has been pleased to make the following awards of the "Kaisar-i-Hind Medal for Public Services in India" of the First Class:—

The Lady Willingdoir, wife of the Governor of Bombay.

Lady Carlyle, wife of Sir R. W. Carlyle, K.C.S.I., C.I.E., an Ordinary Member of the Council of the Governor-General.

Lady Lukis, wife of Surgeon-General Sir C. P. Lukis, K.C.S.I., Director-General, Indian Medical Service.

Reverend Mother St. Lucie, Provincial of the Congregation of Jesus and Mary, The Convent, Agra, United Provinces.

NURSING ECHOES.

The summer General Meeting of the League of St. Bartholomew's Hospital Nurses will be held in the Clinical Lecture Theatre in the Medical School buildings on July 3rd at 2.30 p.m. The business will include reports from the Isla Stewart Memorial Committee, from the delegate of the Society for the State Registration of Trained Nurses, an account of the work at No. 1 General Hospital, Camberwell, and military nursing abroad. There will be music to enliven the Social Gathering, and the "War Tea," as is fitting, will be somewhat less sumptuous than in piping times of peace.

The following letter has been sent to the press by the Duke of Portland and the Earl of Plymouth conjointly:—

RED CROSS AND ST. JOHN HOSTEL FOR NURSES.

SIR,—Our nurses are rendering such priceless service to our men that we who sign this appeal hope to be put in a position to give something of real value to these devoted women. In close touch with Queen Alexandra's War Fund for Nurses of the Red Cross and the Order of St. John of Jerusalem we propose to start a hostel where nurses can be housed comfortably while seeking rest from their labours. The hostel will be provided for the use of nurses who come from the Front and for those in Home hospitals connected with the nursing of wounded sailors and soldiers, and it is also intended as a home where nurses intending to serve in the war either at home or abroad can be temporarily lodged. We have plenty of evidence that an urgent need exists for such an institution. Only the other day a party of nurses from one of the Dominions overseas had to be catered for at a very short notice, and there was no appropriate place to give them the due welcome and consideration they deserved. To give examples to prove the value of such a 'clearing house' these nurses needing serious attention would be sent at once to hospitals, others would remain in the hostel while undergoing dental or other minor treatment, while others would at once be put in communication with the many kind people who are ready to render them help and hospitality according to the wants and predilections of the nurses. In order that equipment and effort should prove of use after the war is over, it is hoped to develop later on the idea of a permanent hostel, where nurses can live at moderate cost and in congenial company. During the war we think that the hostel should be free. We have the option of a suitable house where thirty nurses can be accommodated, and in full confidence that our appeal will fall on sympathetic ears we ask for the necessary funds to equip and maintain it. A small Committee has been formed to carry out the above objects, and subscriptions payable to the

"Red Cross and St. John Hostel for Nurses" should be sent to the Hon. Treasurers at 3, Grosvenor Square, cheques crossed "London City and Midland Bank."—Yours, &c.,

PORTLAND.
PLYMOUTH.

3, Grosvenor Square, June 5th.

Everyone will desire that nurses who are engaged in the arduous work of attending to the sick and wounded should be comfortably housed while resting, and before being detailed for duty, but the question is not so simple as it appears at first sight, and is certainly one concerning which the promoters should take counsel with the nursing profession, as they contemplate establishing a permanent Hostel when the war is over.

There are at present a number of well-organized residential homes for nurses in London in connection with which nurses have invested their savings, with a view to self-support, and there is the Nurses' Hostel, run by a company in which a number of the shareholders are trained nurses. If their *clientèle* is diverted by benevolent persons, a fund to help the owners of these homes will next be necessary. We are aware that exception has been taken to the home to which many of the nurses waiting to proceed on active duty have been allotted, as unsuited to their requirements, but nurses cannot be adequately provided for at the cost of 10s. 6d. per week paid for them there, and it was certain that they would have to associate with uncongenial companions. While we have no desire to advocate luxury for nurses in war time, we are of opinion that they cannot be profitably provided for for less than 25s. per week, especially having regard to the increased cost of living; and accommodation in a number of homes can still be obtained for this sum, where their special requirements are sympathetically considered.

The Poor Law Infirmary Matrons' Association has compiled a record of special war service by its members. It comes to us embellished by a dainty string of the flags under which they are serving. The President, Miss E. C. Barton, points out that "in a record of this kind it is impossible to convey an idea of the extra 'war service' entailed on many of the Matrons who would so willingly have gone on active service themselves, yet had instead to give up the best of their Sisters and nurses for military duty, and with a curtailed staff carry on their usual work."

No section of the nursing world are doing more valuable work than the Poor Law

Matrons, whose lives are spent in the unostentatious service of the sick poor whose needs arouse no sympathy in many now clamouring to be admitted by short cuts to the nursing profession, the claims of which only appeal to them when the war drum beats.

At a meeting of the Southend Education Committee, held on June 3rd, the Committee further considered an application signed by three assistant mistresses for permission to assist as nurses, and for payment of salary during absence at the same rate as was being paid to men joining the Forces. In case of urgency, the matter was left in the hands of the Teachers Committee, with power to act.

A correspondent writes to us:—

Is it not possible for a deputation to be elected from the Society for the State Registration of Trained Nurses to go to the National Union of Teachers and point out to them how they are damaging trained nurses by such proposals, and, also, cannot these Education Committees be circularised and advised as to the true state of things?

In reference to Southend, I may state that there are two trained nurses acting as school nurses, and one acting as tuberculosis nurse, and yet no one suggested that they should be released to go to the war, and be paid their salaries. Also no one suggested that it might be better to make use of the many trained nurses in the town.

We think that Education Committees would be well advised to consult the National Council of Trained Nurses before sanctioning the use of ratepayers' money to subsidize unskilled labour, and subjecting our wounded soldiers to unskilled care, while trained and skilled nurses are still available.

Here is a most useful bit of work for a Trained Nurses' Economic League: indeed, the opportunities for work before such a League are legion.

THE NURSES' NATIONAL TOTAL ABSTINENCE LEAGUE.

By kind invitation of Mrs. Lloyd George, the annual meeting of the Nurses' National Total Abstinence League was held on Tuesday afternoon, June 8th, at 11, Downing Street, S.W. The meeting was presided over by Mrs. Eliot Yorke, and the speakers included the Right Rev. the Lord Bishop of Willesden, Sir William Collins (who at the last moment kindly took the place of Major Chapple, M.P., M.D., who had left for the Dardanelles), Lady Whittaker,

and Miss Richardson, Matron of the Temperance Hospital.

Mrs. Eliot Yorke said that it gave her much pleasure to preside over the meeting, held in such historic precincts, and she felt sensible of the appreciation of the profession and cause—both of which were much to the front at the present time—which had led Mrs. Lloyd George to invite the meeting to assemble at her house.

The Bishop of Willesden, who appeared to take a great interest in nursing matters, caused some amusement by commenting on the uniforms. That particular sort of coat, he said, was really not the sort of garment one would select for such a hot day, and he would suggest unbuttoning them, if it were not against the rules. He spoke of the long hours, the hardships and responsibility of a nurse's life, and how in times of overwork and overstrain the membership of the Nurses' National Total Abstinence League would help. The root of all work was sacrifice, and unless there was trust in the sacrifice God made for us all, work was bound to become hard and mechanical.

Sir William Collins spoke of his long experience as surgeon to the Temperance Hospital, and said that of the thousands of patients that had passed through his hands, he had felt it necessary in thirty cases only to order alcohol. How lamentable, he said, were the effects of alcohol, both physical and moral.

He was not one of those pessimists who said that an inebriate woman could never reform, but it was difficult to rehabilitate the human will.

"Stop the beginning." Undoubtedly alcohol was a very powerful factor in debilitating the will, but he knew of no drug that would rehabilitate it.

Sir James Paget, in a clinical lecture on an hysterical girl who could not use a limb, had said, "She says 'I cannot'; it seems 'I will not'; it is 'I cannot will.'" Alcoholism is a disease of the will.

Mrs. Lloyd George concluded the meeting with a few words of welcome. She said that her daughter had gone to the front as an orderly, and in a letter home she had said she was scrubbing for all she was worth.

Before leaving the guests were entertained to a delicious tea.

H. H.

WORD FOR THE WEEK.

My life is but a weaving between my God and me.
I may but choose the colours. He worketh steadily.
Full oft He chooseth sorrow, and I in foolish pride
Forget He sees the *upper*, and I the *under* side.

IRISH NURSES' ASSOCIATION.

ADDRESS OF WELCOME TO THE LORD-LIEUTENANT AND LADY WIMBORNE.

Their Excellencies the Lord-Lieutenant and Lady Wimborne on Monday, June 1st, received at the Viceregal Lodge a Deputation from the Irish Nurses' Association, when Miss A. M. MacDonnell, R.R.C., Acting President of the Association, presented an Address of Welcome on behalf of the members.

The following Matrons formed the Deputation:—Miss A. M. MacDonnell, R.R.C. (President I.N.A.), Matron Dublin Castle Red Cross Hospital; Miss Ramsden, Matron, the Rotunda Hospital; Mrs. Manning, Elpis Private Hospital; Miss Bradburn, Matron, the Meath Hospital; Miss Thornton, Matron, Sir Patrick Dun's Hospital; Miss Towers, Matron, the Dental Hospital; Miss Michie, Superintendent Irish Branch Q.V.J.I.

THE ADDRESS OF WELCOME.

MAY IT PLEASE YOUR EXCELLENCIES,—We, the members of the Irish Nurses' Association, desire to offer a respectful welcome to Your Excellency and to Lady Wimborne. We trust that your stay in Ireland may bring happiness to yourselves, and that prosperity and mutual goodwill may mark the period of Your Excellency's administration. The tradition of Irish hospitals and nursing extends far back, almost to prehistoric times. We read of warriors covered with wounds and glory being carried to the camps, where they were met by bands of women trained to nurse the wounded; and how, by the skill of the physician and the care of the women, "who built them for battle once more," they were restored to health and vigour. Nursing by the Religious Orders dates as far back as the end of the fifth century, when the famous St. Brigid and her nuns attended the sick and wounded. The Brehon Laws contain directions for the building of a hospital to each camp and enacted that each building should be open to the North, South, East, and West, and should have a stream of running water flowing through the hospital. These early enactments still find a place in our modern ideas of hygiene. Our Association was founded in 1900, when Her Majesty Queen Victoria visited Ireland, and when nurses banded themselves together to offer an address of welcome to that great and good Sovereign, who instituted the system of trained nursing for the sick poor, and from that time our Association has been a centre where nurses could meet for mutual help and improvement and for the discussion of their work and its aims. Members of the Association worked in South Africa during the Boer War; but at no previous time have our services been more needed than now in this hour of distress. Our members are working in England, France, and Egypt—indeed, all over the world—nursing the wounded, and supplying to them the fully-trained care which is essential to their

improvement and recovery. We know that Lady Wimborne has already done much for Serbia, and having now so graciously received us, we venture to hope that Your Excellencies will give us that kindly interest and support which is so great a stimulus to future effort.

Signed on behalf of the Association,
A. M. MACDONNELL, Acting President.

LORD WIMBORNE'S REPLY.

The Lord-Lieutenant replied as follows:—

Lady Wimborne and myself are greatly interested in what you tell us of the store set by nursing in the days when Irish civilisation was first a lamp in the great darkness of Western Europe, and when somewhat later the noble and holy Saint of Kildare was the light of this land and the healer of the consumptive, the mad, the blind, and the leprous. The nurses of to-day inherit from the sisterhoods of old, and never greater than to-day have been the needs for their ministrations. The power to meet those needs by a sufficiency of highly trained nurses has steadily developed since the earlier years of the reign of the great Queen, whose visit to Dublin led to the creation of the Nurses' Club from which your Association and the Irish Matrons' Association have sprung. From our visits to the hospitals in Ireland, including the one in the management of which Miss MacDonnell takes so prominent a part, we have learned something of the capacity, the skill, and the devotion of the nurses of Ireland, and we rejoice that there should be an Association which assists them in giving expression to their high aims, and imparts that strength to individuals among them which comes from mutual help in a community. You may rely on having always the sympathy of Lady Wimborne and myself, and of receiving such assistance as it may be in our power to render you; and you have our heartfelt thanks for the welcome you have tendered to us and the good wishes you have expressed to us to-day.

A TERRIBLE VISITATION.

It is hardly possible to imagine a more peaceful spot than a quiet convent at Ghent. Into such a haven of rest there crashed in the early hours of Monday morning the wrecked and burning Zeppelin destroyed by Flight Sub-Lieutenant R. A. J. Warneford, V.C., and the huge mass unhappily set fire to the buildings on which it dropped. The bodies of the crew, most of whom were already dead, were flung around, and two nuns were killed in the fire, as well as a man who was endeavouring to effect rescues, who, with a child in his arms, was killed as he leapt from a burning room. Ancient and modern—peace and war—how long before the world once more enjoys the blessings of peace?

A STRONG PLEA FOR STATE REGISTRATION.

The issue of *Truth* of June 2nd contains a much needed warning against the adventurers and adventuresses anxious to make their "bit" out of charitable schemes at this time, and states that not even the excellence of the objects for which charities are started should prevent enquiry into the character of the promoters. In this connection, it instances the career of M. Teresa Bryan, of whom it states, "Originally Bryan was a lady's maid. She was trusted to pay tradesmen's bills, and making use of the opportunity afforded her, she signed a cheque for £50 with her mistress's signature, and appropriated the proceeds. Her conviction for forgery followed at Lewes Assizes, in November, 1905, when she was sentenced to six months' hard labour. When the War broke out, she emerged into public view, as secretary to a fund for establishing a British Field Hospital in Belgium. She obtained influential support, and departed for the Continent with a fully equipped ambulance. One or two little incidents opened the eyes of those associated with her. Cash, which ought to have been paid out, did not reach the right persons, and Bryan was relieved of her duties. But the opportunities afforded by charitable work had evidently impressed her. She continued her efforts, with the result that she managed to secure a donation of £125, which she appropriated. She managed to make a sufficiently plausible explanation to induce the donor not to prosecute, and shortly afterwards started another charity, 'The Allies' Sterilized Dressing Supply Organization.' The aims of the organization were excellent, and again influential support was forthcoming. Mr. H. Dickens, K.C., lent his house, 2, Egerton Place, S.W., for its headquarters; and only the mere chance of an eminent lady, who knew Bryan's connection with the field hospital, identifying her by means of a photograph, prevented royal recognition of the new charity.

"It was in March last that Bryan started her latest scheme. Nominally, she had a committee, but she kept only one book; and her dealings with the cash were so unsatisfactory that the committee resigned. Towards the end of April, she seems to have realized the necessity for some sort of business management, and a gentleman was called in to organize the organization on a business basis. She was never destined, however, to realize the fruit of his labours. On April 29th, for some reason or other, a police officer called at 2, Egerton Place, and requested an interview with Miss Bryan. She was 'out' to her visitor, who made an appointment for the following day. The moment he departed, Bryan hurriedly left the house, returning early next morning to remove a basket. She left no address, and for the moment has dropped into the obscurity from which she emerged at the beginning of the War."

It is not conceivable that, had there been

a State Register of Nurses in existence, so flagrant an exploitation of our sick and wounded soldiers would have been possible.

This Belgian Field Hospital is the one in connection with which sundry of its untrained staff created so unenviable a sensation by appearing in men's sporting clothes, including covert coats and top boots—a group of whom were included in the gallery of portraits of "Fancy Dress at the Front," sent with our protest against such institutions to the Director-General of the Army Medical Service.

COMING EVENTS.

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

The Annual Meeting of the Society for the State Registration of Trained Nurses will be held at the Medical Society's Rooms, 11, Chandos Street, Cavendish Square, London, W., on Thursday, June 17th, at 11 a.m. Chairman, Mrs Bedford Fenwick, President of the Society.

AGENDA.

- 1, Minutes of the last Annual Meeting; 2, To receive the Annual Report and Audited Accounts; 3, To elect the Executive Committee for the ensuing year; 4, Address on Military Nursing and Registration, Miss Beatrice Cutler; 5, To consider the following resolution:—

RESOLUTION.

"That the mobilization of the Nursing Profession, owing to the War, has demonstrated the absolute necessity for a standard of Nursing Proficiency, and the Registration of those who attain the same, in order that the Government may have accurate information as to the number, names, qualifications, and addresses of the trained nurses available. Moreover, a State Register is the only means through which the public can avail themselves of skilled or unskilled nursing, according to their requirements.

That as the State Registration of Trained Nurses is a non-party question, of national importance to our sick and wounded sailors and soldiers, the present moment is opportune for a non-party Government to deal with it.

This meeting therefore petitions His Majesty's Government to give facilities for the consideration of the Nurses' Registration Bill, in charge of Dr. Chapple, M.P."

Your attendance is earnestly requested.

MARGARET BREAY,

Hon. Secretary.

THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

Conference Day 1915, June 17th: 11, Chandos Street, Cavendish Square, London, W.

Morning Session, 12 noon, Chairman, Mrs. Bedford Fenwick, "The Need for a Trained Nurses' Economic League": Miss Henrietta J. Hawkins, P.L.G.; Discussion.

By the kind invitation of Mrs. Walter Spencer, members from a distance present at the meeting are asked to luncheon at 2, Portland Place, W.

Afternoon Session, 3 p.m., "The Place of the Imperial Mother in Peace and War": Chairman, Mrs. Baillie Reynolds; Address by Mrs. Pedford Fenwick, on "A Scheme for Social Service in Relation to the Soldier: (a) Scientific Domestic Management; (b) Personal Hygiene; (c) Preventive Nursing"; Discussion. Speakers: Mrs. Clark Nuttall, Dr. R. Murray Leslie, Miss H. L. Pearse, and others.

Tickets (free) can be obtained by Members for their friends at 431, Oxford Street, London, W. The whole Conference is open to every member of Societies forming the National Council.

June 20th to 26th.—Nursing Convention, San Francisco, California, U.S.A.: Meetings—International Council of Nurses, American Nurses' Association, National League of Nursing Education, National Organization of Public Health Nursing.

July 3rd.—League of St. Bartholomew's Hospital Nurses. General Meeting, Clinical Lecture Theatre, 2.30 p.m. Social Gathering, 4 p.m. R.S.V.P. to Gen. Sec., Miss B. Cutler, St. Bartholomew's Hospital, E.C.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

A NURSES' ECONOMIC LEAGUE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It is with great pleasure that I note the formation of a Trained Nurses' Economic League is to be discussed at the Conference of the National Council of Trained Nurses on the 17th inst. There is no subject which is of greater importance, and I am very glad to note that it is proposed its function shall be educative as well as protective, for I am bound to say that most of the nurses I come across are densely ignorant in regard to nursing economics and their great importance. All success to the League.

Thanking you for your regard for our true interests.

Yours appreciatively,
SISTER.

LOWERING OUR STANDARD IN FRANCE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM, I wish to support the statement that sending out all these untrained women to nurse in France has lowered our standard, and brought discredit upon trained nurses in the opinion of the French faculty of medicine and others. In the hospital where I have been working, supported by public subscriptions from England, the trained matron could not endure

the interference of the doctor's wife and untrained directress, and nearly all the nurses have left, and now only untrained girls, voluntary workers are being engaged from England. These young women come armed with all sorts of certificates from the authorities, and are apparently thought quite good enough to attend sick and wounded Frenchmen.

The hospital at Bar-le-Duc is doing something to minimise this sad condition of affairs, with its well-trained nursing staff, and we are also very grateful to the committee of the French Flag Nursing Corps for keeping up our three years' standard.

Yours truly,
A TRAINED NURSE IN FRANCE.

REPLIES TO CORRESPONDENTS.

Miss K. T. Sheldon.—All information re the Belgian Cookery scheme can be obtained from the Secretary, 49, Russell Square, W.C. The cookery of the Belgian women of the working classes depends largely on the use of vegetables, and it is the wonderful vegetable soups and their methods of preparation which those interested in the food of the working classes are anxious to make known.

To Commandant.—It is a fundamental principle that a ward should always be under the direct supervision of a certificated nurse; and, further, a single-handed Sister, in a ward full of serious cases, can have little time to devote to supervise the women orderlies, and without systematic teaching no untrained person however intelligent can profit as she would do if teaching and clinical experience went hand in hand.

NOTICES.

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps for service in France can be interviewed by arrangement with Lady Barclay, 60, Nevill Square, London, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Friday, June 11th, and Monday, June 14th, from 2.30 to 5 p.m., to see candidates, who must be well educated and hold a certificate for three years' training. Experience of fever nursing is an additional advantage. Nurses speaking French are preferred.

OUR PRIZE COMPETITIONS.

June 19th.—What are the points to be observed in caring for a case of nervous shock?

June 26th.—What symptoms would lead you to apprehend the onset of (1) sapræmia, and (2) septicæmia in a lying-in woman?

OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper, and getting their friends to do likewise. Only the most reliable firms are accepted by the management.

The Midwife.

POST-GRADUATE WEEK.

PUERPERAL FEVERS.

The last lecture in connection with the Post-Graduate Week for Midwives was given at the Midwives' Institute, 12, Buckingham Street, W.C., by Dr. Abernethy Willett, when there was a large and interested audience.

Dr. Willett took as his subject puerperal fevers, including the graver sorts, in which the fever is continued and long, but also any febrile condition associated with a rise of temperature during the first fourteen days after delivery.

The fever condition of the body was, the lecturer said, associated with very definite symptoms.

Rise of Temperature. The actual rise might be sudden, when it was usually associated with rigor, or slow, when there was a feeling of malaise, pain in the back, &c. When the temperature had risen to its greatest height the second stage—the acme—was reached. This might be long or short. The temperature might rise and fall again, or it might stay up, being the same, within a few points, at the same hour each day.

In favourable cases as the disease continued a decided drop might be noted. That meant that the height of the fever was past. Deferescence might be rapid or slow. In the former case there was said to be a crisis (the fall of the temperature in pneumonia was a typical instance of crisis), or it might come down gradually, a condition known as lysis.

The lecturer here handed round some interesting charts. On these a red line indicated 100 degrees—the point over which a midwife must advise medical assistance, if it continued for over twenty-four hours. The pulse rate, lochia, and condition of bowels were also noted.

The first chart showed an absolutely normal puerperium, although the patient had a badly contracted pelvis, two bougies and a bag were introduced into the cervix, and the labour ended with the performance of craniotomy.

The next showed slight sapraemia. The temperature began to rise early, and oscillated till it attained the height of the fever, when it dropped. In this case the lochia lasted longer than they should have done, and at first the uterus did not involute at all.

The next chart showed a temperature supposed to be due to constipation. There was, however, the lecturer pointed out, no proof that the constipation and the temperature were cause and effect.

Other conditions referred to were the so-called emotional temperature. On the twelfth day of the puerperium, for instance, the temperature might suddenly go up. It was an absolute rule that if

a patient throughout the puerperium had a normal chart and the temperature ran up suddenly, it would probably come down again equally quickly. There was nothing to be frightened about.

It did not follow that all cases of rise of temperature were due to sepsis, but they commonly were.

A rise of temperature might be due to causes unconnected with the puerperium, such as vaccination, but this was recognisable by a very swollen and red arm and tender glands.

In influenza a woman might run up a temperature enough to frighten any one. A patient in a lying-in ward might have a temperature of 103 degrees, and the next time it was taken it might be 103 degrees. Assuming that the pulse rate was never more than 112 and that there were pains in the back and joints, the question of influenza should under the above conditions be considered. Other points must also be noticed in this connection. Involution of the uterus was a good sign.

Again, supposing the temperature and pulse were normal until the eleventh day, and then the temperature rose to 103 degrees, the breasts should be inspected. The temperature might be due to what is known as "flushing of the breasts," in which case the skin over the surface would be red, and they would be very tender.

Changes in the secretions of the body. In prolonged septicæmia all the secretions of the body with the exception of the sweat were diminished. The tongue was furred, and there might be pyorrhœa. It was therefore essential that the mouth should be kept scrupulously clean. The patient might be septic, but that was no reason why she should absorb any more poison. Infection from the gums might spread to the saliva and parotid glands, creating a condition resembling mumps. Therefore the mouth should be kept clean to prevent the spread of infection.

Tissue Changes. In the severer forms of puerperal fever the effect of the toxins in the blood was to kill the red corpuscles. Therefore in prolonged fever the patient became anæmic. While this might be partially due to the effect of the temperature, it was not so much due to the effect of fever as of toxæmia. The increase of white corpuscles was therefore a good sign. They might be regarded largely as soldiers employed in the defence of the citadel, and their increase proved that the body was endeavouring to overcome the toxins by which it was being poisoned.

The effect on the muscles was also that they wasted. This might be due in part to want of activity, but also to actual destruction of the muscle fibres. Thus a fat-faced person became thin.

Changes in the kidneys. The effect of prolonged fever upon the kidneys was that the output of urine was diminished, and therefore the poison contained in it was more concentrated. Then the epithelium was apt to become changed, and this was shown by the appearance of albumen in the urine of a previously healthy patient. The amount of nitrogen was also increased. There might be some increase in the urea but the nitrogen increased enormously. The presence of nitrogen in the urine was a sign of wasting of the body.

Effect on the Nervous System. In slight cases the nervous system did not suffer much, but in severe cases the effects of the toxins in the blood might be very deleterious. It was because of this effect on the nervous system that a patient suffering from septicæmia did not know how ill she was, but often enquired when she might get up.

TREATMENT.

Temperature. The question arose whether one ought to interfere with the fever or not in a case of septicæmia. If the fever was mild (say 102 degrees) it was a good sign rather than otherwise, and showed that the body was re-acting against the infection, in which case it was best to leave it alone. But if there was hyperpyrexia (104 degrees to 105 degrees) the condition was extremely urgent and the temperature must be brought down, as it showed that the illness had got beyond the stage when the tissues were re-acting. To effect a reduction of temperature, cold or tepid sponging or cold baths were preferable to drugs. Further, in an hour or two's time after such treatment the patient was probably comfortably asleep.

Should we interfere in case of a rigor? Yes, because the temperature was high and the patient not perspiring. In the cold stage, an enema of 10 oz. of water containing 5 grains of quinine, and $\frac{1}{2}$ oz. of brandy might be helpful.

Prevention of Tissue Waste. It was important to try to prevent tissue waste, and to conserve the carbon essential to the production of heat. Fat and sugar supplied the necessary fuel, and the latter should be freely supplied in the form of sweets and sugary things. The nurse or midwife should never be afraid of giving these, as they helped materially to prevent tissue destruction. Fat was more difficult of digestion, and consequently required giving with discrimination.

In regard to alcohol, Dr. Willett was of opinion it should be given in these cases. It was easily digested, and was a convenient method of supplying carbo-hydrates.

Salts of soda potassium were useful to counteract the acids liberated when the protoplasm was split up by the invading microbe.

Elimination of Waste Products. The waste caused by elimination must be made up somehow, and diluted toxins were less pernicious than concentrated. It was amazing how a patient responded to the administration of ordinarily salt solutions per rectum given at the rate of one

pint an hour. Five to twenty pints could be given in the twenty-four hours, and the patient improved with every pint given.

Fresh Air. Fresh air was an essential part of treatment. All cases of high fever should be turned out into the open air.

Lastly the prevention of tissue waste was most important. If this could be achieved much had been done for the welfare of the patient.

INFANT CLINICS.

Amongst the cases shown by Dr. Eric Pritchard to the members of the Post Graduate class for midwives who recently visited the Marylebone Infant Clinic was a child who had been attending the Clinic for a month. When first seen it could not stand, and though eighteen months of age had no sign of teeth. Four meals a day were advised and veal broth given.

Another case was a second child, the first had died at ten days old, cause unknown. For this baby, breast feeding two-hourly was prescribed, also two feeds of peptonized milk in the twenty-four hours.

These typical cases in an afternoon's work, show how valuable and necessary are these Infant Clinics in charge of a physician who has made a special study of babies and their needs.

VIROL IN PUBLIC HEALTH WORK.

Presiding at the General Meeting of Virol Ltd., held on Friday, June 4th, Mr. B. S. Straus (Chairman) stated that the business done in the last quarter of the financial year established a record in the trade of the Company. In connection with the movement for the promotion of infant welfare to which so much attention has been devoted in recent years, both by the Government and the Public Health Authorities, he was pleased to find that Virol was playing an important part. It had been widely adopted in the Infant Consultations and Baby Clinics that are now established in all parts of the country. The value of this movement had always been recognised by social reformers and its importance could hardly be over-estimated in the present appalling wastage of human life. Its special value to adults in cases of nervous breakdown, and in convalescence was also generally acknowledged. They were supplying Virol to Red Cross Societies and military hospitals, though on this department they did not look for much profit.

CHILDREN OF UNMARRIED MOTHERS.

In an attempt to deal with the problem of the children of unmarried mothers the St. Helens, Lancashire, Health Committee has decided to open a maternity home for at least 12 patients.

Classes for instruction in child welfare are being given and a bureau has been opened where babies will be inspected weekly and records kept of their progress.

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EDITORIAL.

FORTITUDE.

Any one passing up Brooke Street, Holborn, last Monday evening would have been immediately aware that something out of the ordinary was afoot. A guard of honour of embryo sailors was formed up outside St. Alban's Church, and expectation was in the air. London's Bishop was coming to preach to the Guild of St. Barnabas for Nurses, and nowhere is he held in greater affection in his diocese than in the poorer neighbourhoods where he is recognized as the true and sympathetic friend of every man, woman and child.

Inside the church there was gathered a great congregation of nurses, who also regard the Bishop as their special friend. The central figure in a service characterized by all the beauty of music and ceremonial which every slum dweller in the neighbourhood has come to recognize as the heritage and right of the poorest member of the Catholic Church, the Bishop justified the faith of the nurses by his comprehension of their special needs, and those of their patients.

With the pathos of the battlefields of France fresh in his memory he gave a message to nerve his hearers for the work before them, not only that they might be strong themselves, but that they might nerve and strengthen their patients, not so much by what they said, but by what they were. Many a wounded man, he said, looked to his nurse for strength of mind as well as for the care of his body.

So the message he gave was a message of unlimited strength: "The Eternal God is thy refuge and underneath are the everlasting arms." In the midst of overwork they only had to lean back. "Think of that, overtired nurse," said the Bishop. He gave that message on Palm Sunday at the Front at the first service which he took, when the

congregation was composed of airmen who were soon to be over the German lines, with the shrapnel bursting around them; and, even as he spoke, a man was summoned by telephone, and before the service ended he was on duty in the air.

At the present time, some people were asking and wondering, why God permitted this terrible war. The answer to that was that never did the world seem so helpless as on the first Good Friday, but God was only holding back his strength, and on Easter Day He stretched out His arm and Christ arose. Christ died for honour, for freedom, for chivalry, and those who were nursing our wounded could, when so doing, remember that they were the same things for which their patients had fought and suffered.

Speaking of the tragedy of the war and of the deaths of so many brave men full of youth and strength, the Bishop said that it was a mistake to look on death as a great calamity. We had invented a cold, ghost-like life on the other side. Had we really so little faith or imagination? If life on this side of the veil held so many good things, why should we imagine that they were limited to this life? When a star shot into the spiritual world it was perfectly certain that it was in an environment in which development could best take place.

The Bishop said that he had been much criticised as to what he had said about Zeppelins. What he had said was, that it was a good thing to have a little danger in London. It would prove our mettle to bear danger unmoved. He emphasized the need for fortitude. He had, he said, had that word written over Fulham in letters of gold.

The result of a life of prayer and fortitude would be peace, the peace of God which passes all understanding—and hope, enabling men and women to strongly live and bravely die.

OUR PRIZE COMPETITION.

WHAT ARE THE POINTS TO BE OBSERVED IN CARING FOR A CASE OF NERVOUS SHOCK?

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gillespie Crescent, Edinburgh.

PRIZE PAPER.

Shock is a general nervous depression causing an abeyance, more or less prolonged, of the vital forces, and is generally the result of injury combined with fright, or the effects of a severe operation, or prolonged mental strain.

The degree of nervous shock varies from the familiar fainting or dizzy turn of a few moments' duration to a serious mental derangement, prolonged unconsciousness, with loss of functional powers, ending in a comatose condition and consequent cessation of the patient's life.

Four essential points in caring for cases of shock are:—(1) To place the patient in as favourable an environment as possible to aid recovery and prevent relapse. (2) To actively combat the shock present, and restore the nervous balance. (3) To constantly observe the patient, so that any untoward symptoms or complications may be immediately reported and remedied. (4) On recovery, to build up the patient's recuperative mental and physical powers by tonic treatment, such as good food, fresh air, and recreational occupations.

The general symptoms of shock are extreme pallor, the body surface white, cold, and clammy; respirations feeble and irregular; pulse weak, thready, or maybe imperceptible; temperature subnormal. Nausea and vomiting may occur, and in severe cases incontinence of urine and faeces, owing to relaxation of the sphincters, &c.

The first point is to re-establish the normal flow of blood circulation, to stimulate the heart's action and relieve the congestion of the larger deeper veins. For this purpose the patient is nursed in a warm bed placed in a quiet, airy position, covered with warmed blankets and protected hot tins applied to the sides and feet; hot fomentations may be applied over the heart, and the foot of the bed raised. If the patient can swallow, stimulants may be given in small quantities—sips of brandy and water, hot beef tea, coffee, or tea. The patient's head should be placed on one side in case of vomiting, the bedding protected by a small mackintosh cover, and a vomit-bowl in readiness. Should vomiting be troublesome, a rectal injection of stimulants may be ordered, and in a severe case, a hypodermic injection of strychnine or brandy may be required.

When shock is accompanied by painful injuries, burns, gunshot wounds, or extensive lacerations, morphia may be required to lessen the pain of dressing and cleaning the wounds. Where there has been great loss of blood, warm saline solutions may be injected into a vein (intravenous infusion) to keep up the circulation, and blood pressure on the heart's action.

After accidents or severe operation the pulse and respirations should be noted two-hourly and charted; the quantity and appearance of urine noted, measured, and a specimen kept; incontinence or retention reported (when a catheter may be required, and should be sterilized ready for use); if there is natural sleep, or a gradual or sudden state of coma; sleeplessness or delirium after first recovery; sighing respirations and nervous restlessness due to internal hæmorrhage; convulsions or paralysis, their duration and manner of onset, and part of body first attacked; if there is loss of speech; squinting or irregularity in the pupils of the eyes; blood or cerebro-spinal fluid discharging from the ears. Great cleanliness is essential, to induce a healthy action of the skin and to prevent the onset of pressure or bedsores, for which friction and gentle massage is beneficial.

Diet is very important, which must be light and easily digested. Difficulty in taking food and indigestion should be reported, and the patient induced to take as much nourishing food as possible. A small quantity at frequent intervals is preferable to a large meal, and also gives the opportunity for more variety. Any special tonic food or dietary will be ordered by the medical attendant, the nurse using her ingenuity in inducing the patient to take the prescribed amount.

In conditions of nervous shock, with or without physical injury, the mental condition of the patient is of the first importance, and the nurse has to sympathise with and dominate her patient with the qualities which need strengthening. Thus if a patient is anxious and worries or has nervous dreads and fancies, the nurse may require to gain the patient's confidence, and smooth away the difficulty with a cheerful resource and calm courage. A depressed and melancholy patient brightened with cheerful scenes and amusing anecdotes; a nervous, restless patient induced to do some useful or interesting occupation. The doctor's wishes with regard to treatment must be rigidly carried out. If the patient requires complete rest and quietness, fussy relatives and friends must be tactfully excluded. The nurse, while having the patient under constant supervision, should avoid irritating a sensitive person by too

close observation and fussy details. Massage and electrical treatment are often of great benefit to nervous patients, and a nurse knowing the methods is invaluable, especially in cases of malnutrition and insomnia.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Mrs. E. E. Farthing, Miss S. A. Backhouse, Miss E. Trevethan, Miss L. M. Smith, Miss B. B. Owen, Miss L. Bullivant, Miss E. M. Streeter, Miss E. E. Hall, Miss A. McClure.

QUESTION FOR NEXT WEEK.

What symptoms would lead you to apprehend the onset of (1) sapræmia and (2) septicæmia in a lying-in woman?

PRECAUTIONS AGAINST AERIAL ATTACKS.

The dangers of an aerial raid may, says the *Lancet* in the following article, be said to be threefold. There is, first, the actual explosion of the dropped bomb, which may instantly destroy life by the intense concussion formed, this acting directly or indirectly; there is the chance of poisonous gases being released; and, lastly, the incendiary bomb may cause a serious outbreak of fire. It is well to be on our guard against these contingencies. Of course, little or nothing can be done in the first contingency. Concealment in a well-protected shelter, as in an underground cellar, may be possible for some people in some circumstances, but the number of people to whom the advice applies is small. The protection of the household against poisonous or asphyxiating gases discharged by bombs at once suggests the same measures taken by our soldiers in the trenches. It is well to remember that most, if not all, asphyxiating gases are acid in character, and that therefore they can generally be neutralised by the use of an alkali. The available alkali in every house is common washing soda. The bath towel made of netting, with a big mesh, when soaked in a 10 per cent. solution (1 lb. in one gallon of water) of this salt, and the excess squeezed out, would enable, in all probability, a person to breathe in an atmosphere contaminated by chlorine, nitrogen oxides, or sulphurous acid gas. The towel should be in double or quadruple layers, so as to expose as much as possible the contaminated air to the neutralising action of the alkali. A dish-cloth or a well-squeezed-out sponge soaked in the same alkaline solution would answer equally

well. The sponge forms a very comfortable and efficient respirator if thoroughly squeezed out before application. It adapts itself well to the mouth and nose. The breathing should be slow, inwards through the mouth and outwards through the nose. The protection of the eyes, unless special goggles are used, is more difficult, the simplest precaution being to shut them tightly in the event of the gas causing extreme irritation, until a purer atmosphere is reached.

In any case it is well to learn how to move in an enforced darkness in one's own house. In the event of an outbreak of fire the sooner steps are taken the better chance there is of keeping the outbreak local. There is nothing so effectual as a wet blanket thrown over the scene of conflagration, followed by the application of buckets of water on the blanket. We strongly advise all those who possess gardening hose to have it near at hand for use in the house. Small fires can be quenched by throwing upon them a solution of ammonium chloride mixed with common salt; this when used at the outset is often effective. There are many chemical extinguishers on the market, some good, some worthless, but all requiring more or less technical management. It is doubtful whether the public should be advised to incur the outlay which their installation in the house involves, especially as a pail of ammonium chloride solution and a syringe would probably meet the case just as well. The simpler the precautions are the better, for as a rule simplicity in the matter of appliances generally means much less nervous handling in moments of excitement, and a more effective dealing with the situation.

The public would be well advised also if on retiring they turned off all lighting services at the meter and for night use reverted to candles. The house might be placed in great danger if gas or electric mains were damaged by an explosion or fire. It is well to remember what potentialities these services mean when they are let loose. The switch and the tap will control these, but if any part of the system is destroyed behind these, the outbreak may well defeat all attempts to subdue it.

WELCOME HELP.

The President of the Society for the State Registration of Trained Nurses acknowledges with thanks the following donations:—Anon (per Miss Breay), £2; Miss Obee, R.N.S., 10s.; Miss Jessie Grant (India), 5s.; Miss Evelyn Thompson, 5s.; and Miss Mary E. Kennedy, 1s. 6d.

NURSING AND THE WAR.

POOR LAW NURSES HELP THE WOUNDED.

The large number of poor law infirmaries and other hospitals and institutions under the control of public authorities which have been or are to be utilised as military hospitals is an indication of the number of wounded for whom the War Office considers it necessary to make provision during the next few months.

The Metropolitan Asylums Board is putting at its disposal the Brook Hospital, Shooters' Hill, in the near future, as well as the Orchard Hospital, with 1,600 beds, and the Lower Southern Hospital, with accommodation for 1,700 more patients. The Horton Asylum, Epsom, which will still be administered by the London County Council, is another large institution being used. The present Medical Superintendent, Dr. Lord, is the commandant, and the Matron, Miss M. M. Thornburn, will still hold office.

The Fulham Infirmary, with Miss Ballantyne as Matron, is now in working order as a military hospital, Miss Ballantyne taking rank as a Matron in the Territorial Force Nursing Service. The Edmonton Infirmary, of which Miss Dowbiggin is Matron, the Bethnal Green Infirmary, Cambridge Heath, the City of London Infirmary, Bow Road, E., the Mile End Infirmary, the Lewisham Infirmary, and the Hampstead Infirmary are also at the disposal of the military authorities, as well as the old St. Giles' Infirmary in Endell Street, W.C., in which medical women have charge, and where Miss Grace Hale, Matron of the New Hospital for Women, has, as we recorded last week, been appointed Matron.

Other institutions utilised are the Infirmary at Reading, the Dudley Road Infirmary, Birmingham, the Infirmary and Workhouse at Selly Oak, three pavilions at the Stockport Infirmary, two blocks at the Birkenhead Infirmary, the Stoke-on-Trent Workhouse, the

Nottingham Infirmary, the North Evington Infirmary, Leicester, the Crumpsall Infirmary, Manchester, the Booth Hall Infirmary, Prestwich, the Withington Infirmary, South Manchester, blocks containing five hundred beds at the Hope Hospital, Salford, twelve hundred beds in two Workhouses of the West Derby Union, a block of five hundred beds at Kirkdale Workhouse, Liverpool, the Bolton Infirmary, four hundred beds in the Leeds Infirmary, Bowling Park Colony, Bradford, Sheffield Infirmary, Newcastle-on-Tyne Infirmary—in all over 16,000 beds.

Of Asylums, in addition to Horton, there are the Norfolk County, Wadsley, Winwick, West Sussex, Rubery Hill and Hollymoor (Birmingham),

Newcastle-on-Tyne, Bristol and Cardiff Asylums, with in all 14,600 beds; and schools in London and the provinces accommodating 22,295 beds have also been taken over.

So that, in addition to the Military and Territorial Hospitals in the United Kingdom, we have over 63,000 beds in readiness, and another 1,000 if we include King George's Hospital. Whether we regard this provision for the alleviation and cure of suffering, as indeed it is, or as evidence of the ruthlessness of war, it gives us pause for thought.

The Matron of the Hartlepool's Hospital (Miss Annie Stevenson), who is a member of the Territorial Force Nursing Service, has been called up for service at the 3rd Northern General Hospital, Sheffield.



ANGLO-FRENCH HOSPITAL, CHERBOURG.

SISTERS BROADBERRY AND BOUTH, V.A.D. and PROF. SOUVERVILLE
DR. HOBSON ZOU'VE, BELGIAN OFFICER, COL. SWAYNE

In reply to our request Miss Thurstan kindly furnished us with the following information, from practical experience, on nursing at the front, previous to sending our reply as President of the N.C.T.N. to a letter from the Director-General, Army Medical Service:—

A FEW POINTS RE NURSING AT THE FRONT.

1. The importance of only fully qualified doctors and fully-trained nurses doing the first dressings. Sometimes a considerable time elapses between

the first dressing and the second; there may be even a week's interval. This often does not matter much if the wound has been properly treated in the first place, or if the fractured limb has been put up in a good position, &c., but when it has been done by ignorant dressers or stretcher-bearers, or partially trained nurses, the patient may be and often is, in a horrible state when the second dressings come to be done. No untrained or half trained person should be within a hundred miles of the front.

2. *Difficulties in the way.*—There are many difficulties in employing women right at the front. For instance, the difficulty of providing sleeping accommodation for them, and the additional anxiety caused to the commander if women are in a dangerous place. Women who have had no experience of war often do not sufficiently realise the great difficulties of transport, and either demand all sorts of things that are nearly impossible to get, or break their hearts at not being able to give their patients all they consider necessary in food or medical comforts. They do not always realise that the care of the wounded is not the first duty of the army, their first duty is to win the battle, and that is why the transport of ammunition and forage and so on have occasionally to take precedence, even of the wounded. Men, from a wider knowledge of military matters than average women, generally realise this more easily. This points to the necessity of having a very careful Selection Committee composed of professional women who are not only fully trained themselves but know something of military matters, and who will carefully pick out the exceptional women who are suited for work at the front.

3. In spite of difficulties as to accommodation, &c., the fact remains that there are at present a considerable number of women working right at the front in field ambulances, motor ambulance cars, field dressing stations with the permission of military authorities. They therefore—

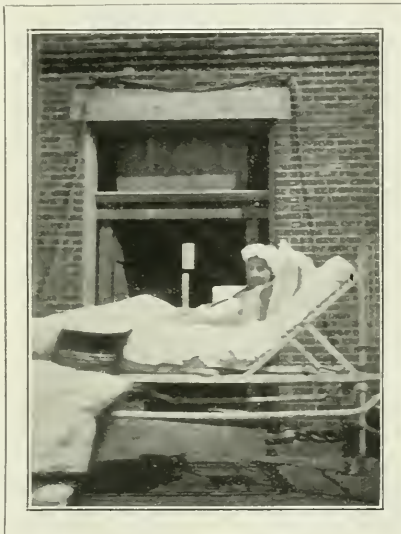
- (1) Cannot object to women *per se* being at the front;
- (2) Presumably approve, and realise that that sets a number of men free for other duties;

- (3) Presumably think that the advantages outweigh the disadvantages.

Military authorities approve of and use women's services at the front, therefore since women are being used at the front, let them be trained women.

Synopsis.—Since (1) women are working at the front, and (2) their work is apparently found to be of value, it should be a *quæ qua non* for reasons given in 1, that they should be—

- (a) Fully trained;
- (b) Strong and robust and able to make the best of things;
- (c) Carefully selected for general suitability and steadiness of character, as well as for proper training and experience;
- (d) The Selection Committee should be a very strong and keen professional committee working directly with the military authorities.



A PATRIOTIC YOUNG NURSE.

The "dailies" have reported many War weddings. They are now depicting the "battlefield brides" who have met their fates at the front doing ambulance work.

As the United States is still a neutral country, we note that several contingents of nurses are being sent to Germany and Austria-Hungary. From the names of those composing the units, the majority are evidently of German parentage.

We learn from Miss M. N. Collins, one of the party of nurses sent out to Malta by Mrs.

Moncreiffe on May 8th, that the unit has now been allotted a very nice building, and it is expected to be installed there very shortly. Miss Collins, who with Miss Higginson is a New Zealander, writes: "There will of course be plenty of work for us to do when we start, such numbers of wounded are being brought here. We have been to see some of our New Zealand boys, who are in the different hospitals, and they are so pleased to see us."

A patriotic young nurse, trained at the City Hospital, Hamilton, where she is at present under treatment after a severe operation, writes, "It is a great pleasure to receive THE BRITISH

JOURNAL OF NURSING every week. It is so nice, and one gets such a good idea of the war from the nurses' point of view. The war is a terrible thing. It is so cruel to think of all our men being shot down like animals. If all reports are true, we ought to be proud of our Canadian boys. We are proud of them. They were all so eager to go and fight for the Motherland.

Two more of our nurses have gone to the front, Miss Carr and Miss Dixon, and Miss Ada Walker is ready to go now. They are all graduates from the Hamilton City Hospital. I would have loved to be able to go."

WAR NURSING IN ITALY.

Since I last wrote to the JOURNAL in February, Italy has declared war against Austria, and we are now hard at work getting everything ready for our own departure to the frontier, where we are to take over the care of a large number of wounded. Miss Dorothy Snell, Matron of our Scuola Convitto "Regina Elena," and twenty-four nurses and sisters, are going north.

Last Sunday evening, May 30th, the Queen Consort, our gracious Elena of Montenegro, came to the School to distribute the medals to each certificated nurse. Her Majesty arrived at 9.30 p.m., and was received by the Princess Doria, Signora Maraini, and the Matron. Amongst the visitors were the director of the Policlinico, the Royal Commissioner of the city hospitals, the Director General of the Military Sanitary Department, the Minister of Public Health, all the professors who lecture in the School, the three professors and their assistants in whose wards we work, and the Signora Bertolini, wife of the ex-Minister of the Colonies.

The simple ceremony took place in the main hall of the School, which had been prettily decorated with flowers and flags. The Queen spoke very graciously to each nurse as she pinned on the medal, interesting herself in the history and whereabouts of each. She also spoke to each of the professors as they were presented to her, and then the nurses, dressed in the uniforms in which they are going to the front, and drawn up in a line in the hall, all curtsied to the Queen. She much admired the uniform, which is a dark grey cotton dress, with white linen collar and cuffs, dark green cloaks, and small dark green straw hats, trimmed with dark red ribbon tied in a bow, and long green chiffon veils, which can also be drawn over the face. (Our usual uniform is white, as you know.)

At 10.30 p.m. Her Majesty left the School.

THE ROMAN CORRESPONDENT.

The British Red Cross Society and the St. John Ambulance Association intimate that the War Office has approved of the term of service for members of Voluntary Aid Detachments (women) being reduced from twelve to six months. Members are reminded that they form a part of the Technical Reserve, and should be prepared to go wherever their services are most needed.

JOINT WAR COMMITTEE.

The following nurses have been deputed to duty under the Joint War Committee:—

Northwood Hospital, Cowes, F.W.—Miss M. E. Withers.

F.A.D. Hospital, Maples, Hitchin.—Mrs. S. J. Tooley.

Red Cross Hospital, Leatherhead.—Miss A. E. Canty.

Highfield Hall, Southampton.—Miss A. Bridgford.

F.A.D. Hospital, Foye Hospital, Leigh Woods, Bristol.—Miss M. Summerfield.

F.A.D. Hospital, Mere, Wilts.—Miss L. J. Attree.

West Ham House, Basingstoke.—Mrs. C. M. Bond.

Dalston Hall, Cumberland.—Miss E. Collier.

Wardell Hospital, Brockley Hill, Stanmore.—Miss C. L. Still.

Red Cross Hospital, Naunton Park, Cheltenham.

—Miss L. E. Walton, Miss H. R. Porteous, Miss K. O'Neill.

Langston Towers Hospital, Havant.—Miss N. Beasley.

F.A.D. Hospital, Cartrefle, Bridgend, Glamorgan-shire.—Mrs. A. Parsons, Miss E. Platt.

F.A.D. Hospital, Horncastle.—Mrs. C. Parsons, Miss E. Glover.

Glen Red Cross Hospital, Southend.—Miss W. F. McNabb.

Auxiliary Hospital, Loversal Hall, Doncaster.—Miss Ethel Maud Smith.

Red Cross Hospital, Leek, Staffs.—Miss I. S. Thompson, Miss J. Holmes, Miss M. Gordon.

Studley Court Red Cross Hospital, Stourbridge.—Miss Olive Pound.

F.A.D. Hospital, Spondon, Derby.—Miss E. Keeley.

Auxiliary Military Hospital, Bromborough, Cheshire.—Miss Silvester.

Woodlands II Hospital, Wigan.—Miss M. Stanton.

Gifford House, Roehampton.—Miss A. Holmes.

Red Cross Hospital, Louth.—Miss M. Stewart.

Northwood, Middlesex.—Miss A. Espley.

9, Eastern Terrace, Brighton.—Miss E. L. Coome.

Glossop Hall, Derby.—Miss L. Short.

S. Giles House, Verwood, Salisbury.—Miss E. A. Lorrie.

F.A.D. Hospital, Erdington, Birmingham.—Miss F. M. Morley.

F.A.D. Hospital, Wickham Hall, Bishop's Stortford.—Miss M. Hayden.

Charlton Manor, East Sutton, W. Maidstone.—Miss C. J. Woodward.

Red Cross Hospital, Drill Hall, Ripon.—Miss F. E. Carter.

Grange Hospital, Benenden, Cranbrook.—Miss J. Mackenzie.

F.A.D. Hospital, Somerby, Ringwood.—Miss E. Macphie.

F.A.D. Hospital, Normanhurst, Battle.—Miss A. E. L. Wilkins.

F.A.D. Hospital, Newton Abbot.—Miss Flora Macdonald, Miss M. Cornell (these are two of the Canadian Nurses).

FRENCH FLAG NURSING CORPS.

Miss Ida Peile has taken the place of Miss A. Barry, as supervisor at the Military Hospital, Caen. She writes hopefully, and, as usual, in high praise of the invalid French soldiers, who are most grateful for gifts made specially for them in England. They greatly appreciate such attention.

The eight Sisters who have been working at Bergues, until by the decrease of the epidemic of typhoid their hospitals were emptied, and the town was bombarded, have, much to their sorrow, been moved to a hospital at Paris-Plage, Pas-de-Calais. It is in a very fine hotel, but they had got greatly attached to their Bergues hospitals, which had been improved so wonderfully by their hard work, and all the gifts of equipment sent from England.

The unit at Château Thierry have had an exciting time, a

German aeroplane recently hovered over the station and dropped four bombs, one behind the hospital. One bomb went through the roof of a house in the town, and smashed all the windows in all the adjoining houses. Providentially no one was hurt. Sister Weir, a Queen's nurse who speaks French well, has had the honour

of conversing with the General on hospital affairs. This unit is working in a clearing hospital, having huge improvised wards either side of the railway line. They receive wounded from the trenches, the ambulance trains arriving usually three times a day, the patients being sent off to different hospitals after twenty-four to forty-eight hours' rest. The three Scottish nurses of which the unit is composed are doing exceedingly good work in a very sensible spirit under somewhat difficult circumstances.

The good work of the French Flag Nursing Corps, through the medium of THE BRITISH JOURNAL OF NURSING, is becoming known beyond seas. During the past week



MISS IDA PEILE, SUPERVISOR
F.F.N.C., CAEN.



THE HOSPITAL REBEVAL, NEUFCHATEAU, WHERE SISTERS ARE NURSING TYPHOID.

we have received letters from nurses at Cape Town, and Rochester, New York, wishing to join the Corps, and papers and forms have been sent to these patriotic volunteers. Members of the South African Military Nursing Service think that the German South-West Campaign may soon be brought to a successful issue, when their services will be at the disposal of those suffering in Europe. From the United States an English nurse writes: "I have, after three years' training, successfully passed every examination required by the training school and the State, receiving a certificate from each. I could be ready to leave for England on hearing from you. . . . I am an English girl with friends and relations fighting at the front, and now that I am free to plan my future the desire to return is intense, and I feel that America can't hold me any longer. . . . I am willing to work anywhere, and will pay my expenses to London." Enquiries are being made, and if all is in order we hope this nurse will soon be a member of the Corps.

Of the unit which left London on the 12th inst., Sister M. Maxwell has gone to Lisieux, Sister Dykes to Besançon, Sister Maize to Eprenay, and Sisters Sheard, Moggach, Bulley and Bleakley to Talence, Bordeaux.

THE CARE OF THE WOUNDED.

The King and Queen have been entertaining wounded officers to tea in the lovely gardens of Buckingham Palace, and visiting the hospitals. Princes' Club Hospital, 106, Jamaica Road, was honoured by a visit last week. Queen Alexandra has been to see King George Hospital, where there has been a large intake, and where everyone is very busy.

A public meeting has been held in Bethnal Green Town Hall for the purpose of considering what steps could be taken to provide extra comforts and amusements for wounded soldiers and sailors, as it is now a military hospital of 800 beds. The Mayor insisted that it was the duty of those who could not take up arms to do what they could to relieve the strain and suffering of the brave fellows who were fighting our battles. We feel sure generous support for extra comforts will be forthcoming.

Lieut.-Colonel Wilson, M.P. for Reading, has forwarded £100 (his quarterly salary as member) to the Mayor of Reading's Fund for providing comforts for the wounded at the Reading War Hospital.

The secretary of the Cumberland Infirmary, Carlisle, has received a letter from the secretary of the Caledonian Railway enclosing a cheque for £250 as a donation from the company towards the funds of the infirmary in recognition

of the care and attention bestowed upon the injured in the recent disaster at Quintin's Hill.

A very large number of hospitals have now been organised in France by various societies in England. The Anglo-French Hospitals Committee have several, and the Wounded Allies Relief Fund are responsible for the upkeep of hospitals at Limoges and Dieppe; these two hospitals together treat an average of 300 cases weekly.

The official pattern of respirator has been obtained by the Three Arts Workroom, 26, Somerset Street, Baker Street, W., and private orders for these can now be fulfilled. These workrooms which employ 80 workers of the artistic professions (music, art and drama), who have been deprived of their normal means of livelihood by the war, are entirely dependent on the orders they receive.

Relations of the gallant British soldiers who fell at the time of the battle of Mons will hear gratefully that a small committee is seeking and taking care of their graves. This committee is composed of Mr. Georges Pitsch, the well-known violoncellist, Baron and Baronne Edouard de Crombrughe de Loringhe, and M. Deschamp. As it finds the lonely resting-places of the heroes, the committee marks them and adorns them with flowers, and will tend them till the day when the families of the dead are able to take this pious task into their own hands.

M. Emile Canmaerts pays a fine tribute to the late Mme. Depage, whose loss English nurses so sincerely mourns, when he writes in part:—

"Among those of the *Lusitania* who found at last a rest under the waves, out of the Kaiser's reach, there is a frail and strong woman—frail of body, strong of soul—Mme. Depage, the wife of the great Belgian surgeon, who directs our field hospitals near the front.

"Every Englishman, every Englishwoman, who helped the Belgian Red Cross in these parts had learnt to know her. Hers was a face not easily to be forgotten—eager and smiling, pale with ten months of hard work in ambulances. She was so typically the nurse, the lay nun who has renounced all the amenities of life, by some solemn, sacred vow, to devote herself entirely to the care of the wounded.

It is officially reported that cholera is raging in Vienna.

LEAGUE NEWS.

The Nurses' League of the Leicester Royal Infirmary held its Annual Meeting at the Nurses' Home on Tuesday, June 8th. There was a very good attendance at the Business Meeting, many of the nurses from the military hospitals (5th Northern General T.F.) being present in their bright uniforms. The President, Miss Rogers, was in the chair, and members representing the

infirmary staff from the seventies onwards were present. Fifteen new members were elected. The position of the nursing profession after the War, and the appointment of the "War Probationers" were discussed, and the following resolution was put to the meeting and carried unanimously:—"We, the members of the Leicester Royal Infirmary Nurses' League, pledge ourselves to do all in our power to uphold the standard of three years' training for nurses."

Tea was served in the garden to League members and other nurses and friends who had been invited to meet Miss Thurstan. After tea an audience numbering about 120 assembled in the Recreation Room to hear Miss Thurstan's account of her experiences while nursing as a prisoner under the Germans in Belgium and with a flying column in Russia. Everyone listened intently to her vivid and thrilling account of her adventures and hardships. Miss F. Ellis, in moving a vote of thanks to Miss Thurstan said she thought nurses in England after hearing all these devoted Sisters had gone through in Belgium and Russia would never want to grumble again!

At the request of some of the members Miss Thurstan promised to send the necessary literature to the Secretary, with the intention of starting a Branch of the National Union of Trained Nurses in Leicester.

THE IRISH NURSES' ASSOCIATION.

The Annual Report of the Irish Nurses' Association, just issued in its distinctive green cover, shows that in spite of the main interest of everyone having been centred on the War for the latter part of the period which it covers, it has nevertheless been very active.

The Report states that, on the outbreak of war those nurses who were on the Military Nursing Reserve were called up for active service at once; others who were able-bodied volunteered, and while waiting for a call joined the ambulance lectures which were formed almost immediately. The Report expresses a hope that in the future all probationers will take their first aid training and obtain a recognised certificate as a matter of course during their general training.

A St. John's Ambulance Corps was formed, with Miss Carson Rae as Lady Superintendent. There are now 75 members. Some are working at the front under the War Office and the French Flag Nursing Corps, others at base and military hospitals.

The President of the I.N.A., Miss Huxley, and Miss Sutton, have seats on the Irish Branch of the Joint War Committee.

It is a matter of legitimate pride that at the Winter Conjoint London and Dublin Examinations in Massage (I.S.T.M.) the first place, with distinction, was taken by a Dublin candidate. Six members of the Massage Section are giving their services without remuneration at King George V Hospital, Dublin Castle.

COLONIAL NURSING ASSOCIATION.

Colonel the Right Hon. Sir Claude MacDonald, G.C.M.G., G.C.V.O., K.C.B., presided at a business meeting of the Colonial Nursing Association, held at the Imperial Institute on Thursday, June 10th, and which, on account of the war, took the place of the usual annual meeting.

There was a representative gathering, including Mrs. Chamberlain, Lady MacDonald, Lady Piggott, Lady Musgrave, Mrs. Weston Devenish, Mrs. Hawkins, Mrs. Cookson, Mrs. D'Arcy Hutton, Mrs. du Maurier, Mr. Bruce, Dr. Atkinson, and others.

In moving the adoption of the annual report, Sir Claude MacDonald referred to the rapid strides which the work of the Association had made during the past year, in spite of the war, the number of nurses sent abroad since the publication of the last annual report exceeding any previous number. He drew particular attention to the valuable services rendered by the nurses of the Colonial Nursing Association in various colonies, in connection with the war, mentioning especially British East Africa, Nyasaland and Penang, where, particularly in the two former colonies, the fighting had been very severe.

Lady Piggott seconded the adoption of the report, and said that although we were all at present under a dark cloud, the dark cloud of war, so far as the Association was concerned it possessed the proverbial silver lining, for it had enabled its nurses to render most valuable services in connection with the wounded. By their efficient and skilful nursing, thousands of our men had been rapidly cured and sent back to the fighting line. The war had, indeed, at first seriously interfered with the work of the Association, as, not only had many C.N.A. nurses entered into war service in preference to taking up work in the colonies, but it had also made its presence felt by a slight falling off in the subscription list. In spite of these difficulties, however, the Association had carried on successfully, and the nurses have had their share of war work, which they have performed with commendable courage and skill, being ever ready and anxious for the work they were called upon to do, as an example of which the cases of Nurses Winchester and Bell were quoted, who were on the ill-fated *Falaba* when she was torpedoed on her voyage to the West Coast of Africa.

THE ANNUAL REPORT.

Some most interesting reports have been received from the nurses, demonstrating not only the good work done by them, in the course of their ordinary duties, but in emergencies occasioned by the war. Thus a Nursing Sister employed in the Government Hospitals of Nyasaland writes:—

"Three of us are at present with the Field Force at K— about 18 miles from the German frontier. Two of us came up first, and proceeded to scrub and clean a house to be converted into a

hospital, until our equipment should arrive. In the meantime the enemy had succeeded in getting into K—and we were all immediately ordered to assemble in a certain square surrounded by a brick wall about 5 ft. high, the only entrance to which was a small gate. In addition to ourselves there were about 60 native soldiers, seven white officers, the doctor and his wife. All throughout the night we lay in the open, behind a grass shelter, waiting for what might happen, and in spite of the rats and snakes for which K—is famous, we spent quite a peaceful night, and returned to the hospital in the morning. Less than an hour later we heard three shots in quick succession, the signal agreed upon for an alarm: quickly summoning our 'Boys' and collecting a few necessities, we returned to the square.

"A tense silence reigned. The men were in their places as before, women and children in the trenches at the foot of the wall. The attacking force was estimated at between 300 and 400. Soon the sound of shot became deafening, and as the walls were hit, bricks, branches, &c., were falling thick around us. The bullets were falling so fast that we women had to lie down flat, only getting up when the wounded had to receive attention. . . . We got them removed to the hospital, and then had our hands full in attending to them. . . . It is only now, on looking back, that we realize to the full the dangers with which we were surrounded, and the very narrow escape we had of falling into the hands of a merciless enemy, for but for the timely arrival of the relief column, not one of us could have survived."

HUMOUR AT THE FRONT.

Dissembled man to comrade who is raising him on his back, preparatory to carrying him from the trenches: "No, you don't; it's you as will get the Victoria Cross, and it's me as'll get a bullet in me back."

Surgeon to wounded man who has been in danger of losing his sight: "Well, how are you getting on; can you see better to-day? can you see nurse?" "Ay, Sir, I can that; she is getting plainer and plainer every day!"

Some very amusing letters appear in the Press from our soldiers at the front. A member of a London Regiment sparkles through half a column in the *Weekly Dispatch*, from which we quote a few items.

"The souvenir-hunting plague continues; for the last two days a little girl has been following me round begging for my gold teeth.

"Yesterday I captured a tub and went with it into the barn in triumph, and was attempting to have a bath when in walked the billet-lady. She coolly and smilingly surveyed the scene, and remarked, 'Lavez?' I answered, 'Oui. Bunkez!' She must have understood some English, for she bunked.

"In fact, the language round here is becoming quite Anglicised, and 'Pas demi!' is coming into general use."

APPOINTMENTS.

MATRON.

Exeter Tuberculosis Sanatorium. Pinhoe, near Exeter.—Miss Margaret K. Loneragan has been appointed Matron. She was trained at the Children's Hospital, Pendlebury, and the General Hospital, Nottingham, and has had experience of infectious nursing at the City Hospital, Norwich. She has been Assistant Matron at the Devon and Cornwall Sanatorium, and Matron of the Manor Valley Sanatorium, Peebles.

SISTER.

Hospital for Epilepsy and Paralysis, Maida Vale, W.—Miss Mary Holiday has been appointed Ward Sister. She was trained at St. George's Infirmary, Fulham Road, S.W., and has been Sister at the Western Hospital, Seagrave Road, Fulham, and Sister and Night Sister at the Shoreditch Infirmary.

NIGHT SISTER.

Devonshire Hospital, Buxton.—Miss Annie Hardon has been appointed Night Sister. She was trained at University College Hospital, London, where she has held the position of Ward Sister. She has also had experience of private nursing.

CHARGE NURSE.

Blackburn Union.—Miss Catherine Weir has also been appointed Charge Nurse. She was trained at the Rochdale Union Infirmary, and has been District Nurse in Bradford.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments.—Miss Clara Cordingley is appointed to Ashton-under-Lyne; Miss Margaret Hull, to Bury; Miss Elizabeth A. Ward, to Hertford and Bengoe; and Miss Mary Welch, to Leicester.

FEVER NURSES' ASSOCIATION.

At the examination for the certificate of fever training, held by the Fever Nurses' Association on April 14th last, 82 candidates entered, and the number who passed were 60.

A SATISFACTORY REFERENDUM.

We have received the following communication from Miss Violetta Thurstan, Secretary, National Union of Trained Nurses.

A referendum of the Full Members of the National Union has been taken on the principle of State Registration, with the following result:—

1. Those in favour of the principle of State Registration	457
2. Those against	35
3. Unsigned cards sent in marked "Yes"	3

QUEEN MARY'S HOSPITAL, CARSHALTON.

At the meeting of the Metropolitan Asylums Board on Saturday last, the Queen's private secretary wrote that her Majesty greatly enjoyed her visit to the hospital at Carshalton, and found it most interesting. Her Majesty thought the situation quite charming, and everything in connection with the hospital admirably arranged and administered.

NURSING ECHOES.

We are told that it is almost impossible to realise the wonderful beauty of the buildings and environment of the Panama-Pacific International Exposition at San Francisco, and we can well believe it from pictures to hand. Next Sunday we may think of hundreds of nurses gathered together in the lovely Congregational Church in which the Convention is to open with blessing and prayer. Many of us will be there in spirit.

Friday, June 18th, from 3 to 6.30 p.m. Those members availing themselves of this invitation are asked to note that Bus 10A passes the gate by the Wilfred Lawson Temperance Hotel.

On Thursday, June 24th, from 3.30 to 5.30 p.m., Miss Alexander invites nurses to Aubrey House, Aubrey Road, Holland Park. The station in this case is Holland Park Tube Station.

On Tuesday, July 13th, Mrs. Adair Roberts invites nurses to Oak Hall Lodge, Frognal, Hampstead (near both Hampstead Station and



THE FINE ARTS BUILDING. PANAMA PACIFIC INTERNATIONAL EXPOSITION, SAN FRANCISCO.

The *Pacific Coast Journal of Nursing*, edited by Miss Genevieve Cooke, the President of the American Nurses' Association, publishes this month a Souvenir issue, in which our delegates, Miss Hulme and Miss Kent, are most kindly welcomed. History sketches of the leading officers of the Association also appear.

A series of garden parties have been arranged in connection with the Nurses' Union, the first of which will take place, by kind invitation of Mrs. MacInnes, at the White House, Woodford Green, in Epping Forest, on

Finchley Road Station), from 3.30 to 6. Members are asked to bring their nurse friends, and, if possible, to answer to each hostess if they hope to attend the garden parties.

Mr. W. I. de Courcy Wheeler, F.R.C.S.I., Chairman of the City of Dublin Nursing Institution, Upper Baggot Street, presided at the 31st annual meeting last week. He said: The City of Dublin Nursing Institution had risen to the present emergency to the utmost of its power. It was of interest at the present time to recall that eleven of the nurses of the City of

Dublin Nursing Institution had in the past received the unique distinction of being decorated with the Insignia of the Order of St. John of Jerusalem.

Turning to the balance-sheet, Mr. de C. Wheeler said that there was another prosperous year to record, and in view of the heavy additional work undertaken by the existing staff of nurses in the absence of their colleagues on military service, the directors had decided to distribute a bonus of £184 14s. in addition to salary. The directors furthermore decided, owing to the rise in prices generally, to increase all the nurses' salaries by 20 per cent., and to admit probationers for a limited period without entrance fee. During the past year the Trustees of the Pension Fund had awarded the sum of £122 3s. 3d. for the benefit of the nurses. The directors invested £500 in the New War Stock to meet the depreciation in the value of invested securities.

The Matron (Miss Carr) reported that Nurse Livingstone had been given indefinite leave to take up the appointment of Assistant Matron at Bloomfield Private Hospital.

The Chairman then gave a short *résumé* of the present position of the nursing profession in relation to the war, stating that the supply of nurses was by no means exhausted, and that in case of emergency, if the material in Ireland alone were mobilised, many hundreds of trained women would be available. It was a pity that the military regulations precluded the employment of the very valuable material in the form of nurses undergoing training in the large hospitals. At present only nurses of three years' hospital experience were eligible for military service, and the probationers, many of whom were experienced, were not utilised as nurses by the military authorities. The present system of substituting, in military hospitals, volunteers with little or no hospital training for professional probationers was a mistake. The Local Government Board of Ireland had given great encouragement to the employment of probationers undergoing training, by agreeing to count duty in military hospitals towards the completion of the curriculum in order to qualify later for Local Government Board appointments.

We have much sympathy with this point of view, but the fact remains that so many Sisters and trained nurses have been requisitioned for war service from our training schools that Matrons are of opinion that the patients would suffer if experienced probationers were requisitioned also.

We think trained nurses in South Africa are exceedingly fortunate in having the active support of Dr. J. Tremble, a medical man who evidently holds very sound views on the Nursing Question, and who has the courage to express them through the *South African Nursing Record*, of which he is editor. It is only about nine months ago that the South African Trained Nurses' Association was founded, and mainly through the publicity and support of the journal it has made very satisfactory progress, especially as war has for much of the time absorbed the energies of the profession. Meetings have been held in East London, Port Elizabeth, Pietermaritzburg, Johannesburg, Cape Town, Salisbury, and Maitland, and several Branches have been formed, and the Association will, we hope, find itself sufficiently strong to organize a South African unit of selected volunteer nurses to offer its services to the home authorities for military service.

Dr. Tremble suggests that this shall be done, and done quickly; the volunteer nurses must be registered in South Africa, and, as far as possible, those trained in the country are to have preference. They must undertake to sign for a year's service or until the end of hostilities, and to agree to work at the salary fixed by the Joint War Committee of one guinea a week. An appeal for funds is made to enable this salary to be augmented and to pay for personal equipment.

The Canadian, Australian, and New Zealand Governments have most generously financed splendid contingents of nurses for service with the troops, and we have little doubt that the South African Government will give substantial help towards providing a unit of South African nurses just as soon as they are relieved from service with their own fine troops, who are dealing with a little war on their own. Anyway, this war proves how necessary nursing organization is in every country, so that when trained nurses are required for imperial service their Associations are ready to take rightful responsibility.

Miss M. Nutt, R.R.C., Matron of the Alexandra Hospital, Maitland, has been appointed President of the West Province Branch, and Miss M. E. Barber Hon. Secretary and Treasurer. All members of the Association must be registered in one or the other of the Provinces. At a recent meeting at Maitland it was unanimously agreed that the Association should adopt a distinctive Badge.

We are watching the growth of this National Association with very deep interest.

THE BLUEBIRDS' NEST.

The charming illustration on this page shows an *al fresco* tea party at the Bluebirds' Nest, 11, Tanza Road, Parliament Hill, Hampstead, where tired nurses from the front are offered hospitality by Lady Byron. It will be agreed that all these guests are thoroughly enjoying themselves, and it is somewhat surprising to learn that though there have been a number of visitors the Home has never yet been full. There may be two reasons for this: Nurses have so few holidays, that if possible they like to spend them with their own

is of that shade of blue, which those who are influenced by colour find most restful. We hope that many tired nurses will benefit from the hospitality so thoughtfully extended to them by Lady Byron.

PRACTICAL APPLIANCES.

The "Grevillite" Shell Fire Respirator.

Amongst the Respirators at present put on the market in order to meet the demand for a suitable respirator to guard our soldiers against poisonous fumes from gas bombs, shell fire, &c., is the



TEA ON THE LAWN. THE BLUEBIRDS' NEST, HAMPSTEAD.

relatives, and also to get right away from a nursing atmosphere; and also, so far, no communication has been made to the Nursing Press on the subject, and so Lady Byron's kindness has not had publicity amongst those nurses to whom her hospitality would be a real boon.

The house, while it is on Hampstead Heath, with beautiful views from all the windows is within 15 minutes of the War Office. It takes its name from a big blue bird in the sitting-room, the gift of Lady Bancroft, but the tone throughout

"Grevillite" Shell Fire Respirator worn over the nose and mouth. It is composed of aluminium which is coloured so that it will not attract the attention of the enemy. Between the two pieces of metal is a pad of absorbent wool, which the soldier should moisten periodically with an alkali solution, thus avoiding the effects of the noxious fumes. The price of the respirator, which is supplied by the Medical Supply Association, 167-173, Gray's Inn Road, W.C. is 4s. 6d., with a reduction for quantities.

THE SOCIETY OF YORKSHIREMEN IN LONDON.

THE YORKSHIRE SOLDIERS' VISITING COMMITTEE.

The Society of Yorkshiremen in London, 12, Coleman Street, E.C., of which the King is Patron, and the Earl of Scarborough Chairman, has formed a Yorkshire Soldiers' Visiting Committee, which, with the sanction of the hospital authorities, arranges for the systematic visiting of all wounded soldiers and sailors of Yorkshire birth, or in Yorkshire Regiments, from time to time detained in the hospitals in and around London. The visitors communicate by letter with the relatives of these soldiers on their behalf; in suitable cases assist such relatives living at a distance to visit the soldiers, see that all needed garments are supplied and do anything which may be deemed necessary to promote the interests and welfare of the men. Funds to carry out these objects are supplied by Yorkshiremen and others interested in the work.

As thirty or more hospitals are now being used by the Military Authorities in the London District the work is of considerable extent. Miss Bertha B. Charlesworth, a member of the Guy's Hospital Nurses' League, who is one of the visitors, writes concerning this "Yorkshire Society for Benefitting Wounded Soldiers of Yorkshire Birth":

"It is a very necessary work, and much appreciated by all the men, and during my three months' work, soldiers belonging to other counties (especially from a long distance) have often expressed a desire that their county had a similar Society. The Authorities of the Military Hospitals are most kind in giving their assistance in finding out the men, but I need hardly add that the visitor must realise that she must conform to regulations and leave the ward *at once* should the Sister express a desire that she should do so. I, personally, have received great kindness from all the Sisters, who do their best to help me in every possible way to find out the men. This is sometimes a very difficult task (not as regards Yorkshire Regiments) as the Registrar supplies me with the new list as the Convoys come in. The difficulty is when the men are of Yorkshire birth in different regiments, and it is almost impossible not to miss them sometimes, as in the Hospital I visit there are 34 wards. Between the 1st of January and the 1st of April, 60 men have passed through my hands and 12 of these have been transferred to the other Auxiliary Hospitals in connection with the large Military one, and I try to visit them once every week; the Military Hospital, I go three times a week to visit, 16 men, being quite alone. I have fetched Yorkshire patients when convalescent from the Hospital gates and taken them across London to their trains. The Society gives me 2s. a head for each man, and I show him St. Paul's, Westminster Abbey, the War Office, &c., on the way, and give him a good dinner before I put him in the

train. Generally I have the men about 4 hours, sometimes even all day, if they have a night boat to catch. They are all supplied with cigarettes, stamps, note paper, when they ask, and the Society has paid the fares from Yorkshire of three wives and one mother belonging to my men. I meet them and take them to stay with a Corporal's wife in London, also a Yorkshire woman, whose husband is at the Front, and having no children she takes quite an interest in any mother or wife I send to her.

"The men on arriving home send most grateful letters of thanks, saying how lonely they would have felt without the Society, and even continue to write a month after. I have just had the great pleasure of bringing up a mother to see her son who was reported dead, and whose brother was carried off under his eyes as a German prisoner. The man went out to the Front without saying good-bye to his mother, and it was touching to see the meeting after 18 months' separation. The mother is now up in London for five days, and goes daily to see her son. Of course, this bringing up of relatives has to be done with great discretion, as naturally *all* want their near relations up to see them. In the case of this man he was 3 weeks in one Hospital and 5 weeks in the other, and it was owing to a relapse that we sent for the mother, as the disappointment each week of not being able to go home was telling upon his health."

"This seems to be a piece of practical and useful work which might well be organized in connection with other counties."

B. B. C.

CATCH THAT SPY.

First our factories and now our hospitals for the wounded are being mysteriously fired, and the fact that 13,000 alien enemies are still at large in the Metropolis alone, is arousing an ever-growing sense of indignation amongst the people. Sudbourne Hall, Suffolk, and Dunrobin Castle, Sutherland, have been nearly destroyed by fire; mercifully, our wounded men were safely removed without injury—but the loss is colossal.

Then a most disastrous holocaust occurred at Park Royal, W., and the loss included the destruction of 300 motor-ambulances for the Royal Army Medical Corps, and motor-vans for the Army Ordnance and Army Service Corps, in the construction of which men have been engaged day and night for weeks, and which were just ready for delivery.

A fleet of motor-ambulances, commissioned by the Joint War Committee, were, by good fortune, on the road to Southampton when the fire broke out, and were thus saved. Emergency legislation is being urged, to allay public anxiety.

Then we read of an Austrian spy as a Member of the British Parliament—for which British born women have no vote!—and the tardy deportation of one of the most notorious and infamous pests of German nationality, Mme. Bertha Trost, highly skilled in espionage, who has been per-

mitted to ply her vile trade in the West End of London for a quarter of a century, running massage houses and beauty salons, and counting amongst her clients highly placed people—and left free since the beginning of the War!

Sir John Simon told the House of Commons last week that it is not our custom to intern alien women. If not, why not? It is a well known fact that women spies are notoriously crafty and treacherous, and as dangerous as men, when in the pay of the alien police. Unless we want a repetition of the Hoxton horror, the sooner these evil-doers are caught by the heels and interned, the better. Why should our wounded run the risk of being burnt in their beds?

OUR FOREIGN LETTER.

I have been looking through photographs of some patients and they recall some sad, some amusing incidents, but mostly the sad predominate. One photograph shows a blind Pathan woman, a very poor one, judging by her clothes, and a roguish little girl is leading her; she is only a friendly neighbour; the woman had left her small son and daughter with friends, and had come a month's journey from over the frontier in the hope that she might gain enough sight to enable her to care for her fatherless children. Unfortunately her eye trouble was inoperable, inflammation had gone on too long, and there had been no means of cure in her far-off village, so the poor patient woman had to go back without the hope that had helped her to face the long and difficult journey to hospital.

Another photograph reminds me of the trouble we had with a spoilt boy of six, who came to us with bad knock-knee. His mother stayed with him in hospital, for this is the custom with us, and after one leg had been operated on and put in splints, she was in a great state of alarm, saying the child was in pain, &c. We thought she understood the reason of the treatment and we hardly expected her to remove the splints when alone with him at night! After that she was kept severely away, and it was not surprising that the leg took some time to heal. When the second leg's turn came the mother was allowed back, apparently in a better frame of mind; but again the same thing happened, and the second leg's chances of repair were lessened. This time the mother was expelled from the hospital and only allowed to see the boy again when his legs were healed up and fairly straight. This is the kind of experience that is not infrequent with us, and many times all our efforts for the patient's good are frustrated by the anxiety or alarm of a relation. Still it is necessary to allow relations to come in with the patient, otherwise many a sufferer would not consent to stay at all. Sometimes a brave woman will remain by herself, but the consequence may be serious, as in a cataract case lately. The cataract was operated on successfully and the patient carefully carried back

to bed and told not to stir. Before long a nurse reported that she was lying on the ground by her bed and would not get back again. I induced her to be moved back on to the bed and then found she was lonely, could not understand the language of her Pathan neighbours in the ward, so we moved the bed into another ward where she could hear her own language—Brahm—talked close by on the verandah. Soon after came another nurse saying, "The patient is walking about carrying her bedding with her." Finally I had to allow her to be right out on the verandah between two veteran patients who spoke her language and would keep an eye on her. They did this, but all their arguments could not keep the woman on her bed; she used to walk about at intervals for the first few days. By the time there was less danger in movement she consented to lie still. Of course her eye should have been ruined by her antics, but it was not! She had perfect vision when I undid the bandage at the end of a week.

Another photograph is that of a family. It shows three generations—the little boy and girl, very spoilt and made much of; their good-looking young mother, devoted to them but much inclined to quarrel with her husband, to whom she had been married without any reference to her wishes, in the usual Eastern manner; and third, the grandmother, gay with paint and antimony, and very volatile as to her wrongs. She has a horrid old husband who beats her occasionally and also enrages her, the chief wife, by continually marrying new wives, and her own handmaidens into the bargain. After much expostulation she gave her ultimatum: "If he married any more wives she would go and live with the Dr. Miss Sahiba." The other women have not much sympathy for her and say she is being punished now for former sins; and they recall the fact that once she pulled out a maid-servant's eye, and poisoned the child of another with opium.

A very pathetic group came to hospital one morning; I found a mother and child lying outside the door, the father sitting by them looking dazed and helpless. On the previous day, while the father was away at work, his wife and children had been in their little home when it caught fire and was rapidly destroyed. The girl was burnt alive, so was a second woman who was there; the mother and boy were saved, but burnt almost from head to foot. I do not know how the man had managed to convey them some miles to the station, then by train and on to the hospital, but somehow it was done, and then he sat down by them outside, not even knocking on the door. Next day the little boy succumbed to his injuries and just at the time of his death he was in a different room from the mother, so the poor heartbroken father realized he must try and conceal the news from his wife, feeling it might be her death-blow. It was a pathetic sight to see the rough and ignorant frontier man, who looked as if he had no fine susceptibilities, trying to act before his wife. When she asked after the boy he said he had taken

him to another hospital to get other treatment. She was afraid he must be dead, but he laughed at the idea and would have none of it. So he kept this new trouble from the poor miserable woman till she was a little stronger, and every day when her many dressings were done, he helped with them and learned how to do them so that he might take her back as soon as possible to the home which had been left so desolate. At times the sadness of such incidents weighs very heavily, but then again there are the many happy cases when sadness is turned into joy; a despairing mother has her child brought back from the gates of death, or a woman is saved at the time of her delivery from the ill-effects of the ignorant midwife, or from the dangers due to bone-disease; and always out in the East one works with the knowledge that there is a terrible need for women workers who alone can bring help to these other women.

E. S.

BOOK OF THE WEEK.

"MR. WASHINGTON."

This volume tells the story of the American fight for independence, and of a good deal of love making in the intervals.

The creatures of Miss Bowen's imagination are nearly always fascinating; we really cannot fancy her dealing with commonplace people, in every-day garb. Washington, Martha Dandridge, Sarah Mildmay, and Hortense are no exception to her rule of perfection of style. She has a perfect genius for background colour, and toilet, and to say the truth we grow a little weary of constant description of exquisite dresses, both male and female.

Martha's farewell to George Washington before he starts on the expedition to build and hold forts in the Ohio Valley is a very characteristic passage: Martha entered the withdrawing room with a delicate slowness; she closed the door behind her softly: "Good afternoon, Mr. Washington," she said slowly. She seated herself on a striped settee and folded her hands in her lap; the many frills of her white muslin skirts flowed over the polished wooden floor, and the gleaming pink of her satin coat was thrown up against the warm darkness of the polished panelled walls. Behind her hung an oval mirror which reflected the long, dusky ringlets confined by a soft bondage of violet velvet ribbons, and the crimson silk roses in her wide straw hat.

Mr. Washington turned from the window, and looked at her, resting his hand on the back of an old gilt chair, the brocade seat of which was cut from the wedding gown of Martha's grandmother which had been woven in Italy and sold at the Exchange in London at five guineas a yard. Martha looked at this hand, at the fall of white

lace at the wrist, at the dark blue cuff with crystal buttons, and never raised her eyes to his face. When she did so a moment later "her instant's gaze had remarked keenly the little things to which she was so quiveringly alive in this man, the bright blue colour of his neck ribbon, the pattern of the lace he wore, the powder of his curled hair." One would hardly have expected that these would be the chief points of attraction in a man of George Washington's personality.

The treachery of Benedict Arnold in selling West Point to the British and his consequent flight makes a stirring scene to which Miss Bowen does justice.

Washington accuses Arnold's wife of influencing him, "So you brought him to this," he said passionately; "you have a fine triumph to boast of in the British camp. I never trusted you—my God! Why could not he have married a fine woman?"

She turned as white and tense as he.

"Before heaven I never knew of this before this morning; I often urged him to stand true, openly to leave you. Spare hard words to me, General Washington, for I am smitten to the heart."

"Do you think that I believe you? You have been beguiling me even now while he escapes."

"Yes, he is my husband."

"And your partner in treachery. Oh, I was soft to allow loyalist women in my camps."

She set her back firmly against the door as he approached, towering in his wrath.

"Stand out of my way," he said.

"No—I am giving him a chance."

"Where has he gone?"

"I will not tell you."

As she was about to hurl the key of the door from the window "a low boom echoed through the still warm air and vibrated in the chamber."

"The British," cried Washington.

Margaret sprang from the window holding out the key to him.

"Take it—undo his evil—do not let West Point be lost through him."

She heard him dash from the room, and his shouted orders to Knox and Hamilton.

"He will save West Point," she said, and put her hands before her eyes; "but God Himself cannot save the honour of Benedict Arnold."

She heard the rattle of an artillery team galloping past the window, and the joyous shout of the man to his horses, and at the thought that any one could still be happy in this horrible world she gave a wild laugh and slipped unconscious to the floor.

The book concludes with Martha embroidering a flag with stars and stripes—"The arms of Mr. Washington."

II. II.

WORD FOR THE WEEK.

Only through service can man attain greatness, and until he has made himself a servant he cannot even become a king.—*E. Cooley.*

* By Marjorie Bowen. Methuen & Co., Ltd., London.

COMING EVENTS.

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

June 17th.—The Annual Meeting of the Society for the State Registration of Trained Nurses will be held at the Medical Society's Rooms, 11, Chandos Street, Cavendish Square, London, W., at 11 a.m. Chairman, Mrs. Bedford Fenwick, President of the Society.

THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

June 17th.—Conference Day 1915; 11, Chandos Street, Cavendish Square, London, W.

Morning Session, 12 noon, Chairman, Mrs. Bedford Fenwick, "The Need for a Trained Nurses' Economic League": Miss Henrietta J. Hawkins, P.L.G.; Discussion, Mrs. Herbert Lewis, Mr. Herbert Paterson, F.R.C.S.

Afternoon Session, 3 p.m., "The Place of the Imperial Mother in Peace and War": Chairman, Mrs. Baillie Reynolds; Address by Mrs. Bedford Fenwick, on "A Scheme for Social Service in Relation to the Soldier: (a) Scientific Domestic Management; (b) Personal Hygiene; (c) Preventive Nursing"; Discussion. Speakers: Mrs. Clark Nuttall, Housing, Cleanliness of Billets, Nutritious Value of Rations and Good Cooking, the duty of Economy, care of Clothing and Laundry; Dr. R. Murray Leslie, Personal Hygiene; Miss H. L. Pearce, on Observation of deviation from the normal in health, First-Aid; Miss B. Pullen-Burry, F.R.G.S., on Our Earthly Heritage; Mrs. T. Chamberlain, Miss Binnie Clark, Miss Helen Colt, on Food Supplies. Open discussion.

June 18th.—Nurses' Union Garden Party, White House, Woodford Green, in Epping Forest, by invitation of Mrs. MacInnes. 3-6.30 p.m.

June 23rd to July 7th.—Nurses' Missionary League: Summer Camp Old Jordan's Hostel, Beaconsfield, Bucks.

if this is merely from lack of organisation that the conditions under which they work should be altered. One hears of ladies who have held distinguished positions in the nursing world doing all sorts of odd jobs, from scrubbing and cleaning windows to ordinary ward work, and I notice that a correspondent of the *Lancet* writes that of two nurses serving with the Expeditionary Force in France, "one takes spells of duty as cook and housekeeper, while the other has to cook her own meals and wash up afterwards. Both are thoroughly good nurses and both are thoroughly bad cooks. . . . Trained nurses are scarce, but there are many experienced housekeepers, and the women of France have a deservedly high reputation as cooks." Surely it is wasteful for skilled workers to be set to do work for which they are unskilled, and at the present time waste in any direction is a sin.

Yours faithfully,

COMMON SENSE.

A SILVER LINING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—There is so much sadness connected with the present War that one is glad to notice any silver lining, and one thing which certainly I have found to be most pleasant is one's comradeship with the nurses of other schools. In so many military hospitals now the nursing staffs are gathered from many different training schools, and one learns much from one's colleagues, and I hope also contributes somewhat to the general stock of knowledge.

Although nowadays our professional societies have done much to establish cordial relations between the members of different schools, and to help them to appreciate each other's excellencies, I find that there are still nurses who have not had this advantage, and are apt to think that the training of nurses begins and ends in the hospital in which they received their professional instruction. It is a genuine surprise to them, as well as a pleasure to find that many excellent nurses are trained elsewhere. During the last ten months many friendships have been formed between nurses of different schools now working together in military hospitals, and I think that when this terrible war is over it will be found that there is a better understanding than ever before of the need for the consolidation of our profession. Here a little and there a little, a word dropped is a seed sown, and many seeds are germinating and fruitifying just now.

Yours faithfully,

SISTER.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

THE CONSERVATION OF ENERGY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Now that we are threatened with a shortage of nurses, is it not time that the authorities of hospitals in which they are employed should restrict the duties of nurses as far as possible to those for which they have been trained. No nurse minds turning her hand to anything if necessity arises, but if nurses are systematically required to do work for which they are unsuited, which could better be done by someone else, then it does seem right that

OUR PRIZE COMPETITIONS.

June 26th.—What symptoms would lead you to apprehend the onset of (1) sapræmia, and (2) septicæmia in a lying-in woman?

July 3rd.—Mention the animal parasites which may be found on the surface of the body. Explain what methods you would adopt for their removal.

The Midwife.

THE LEICESTER CORPORATION MILK DEPOT.

The old Roman town of Leicester is at the present day one of the three great metropolises of the English Midlands, and without doubt one of the most progressive centres in the United Kingdom. The Corporation is fully alive to the town's needs, and the provision of all classes of education, of ample open spaces, of street transit, of amusement, the disposal of refuse, the supply of lighting and of water, the public welfare of the citizens, all are alike excellently maintained. One of the most interesting and useful of the municipal institutions of the town is, without doubt, the Milk Depot.

Situated in Belgrave Gate, one of the poorest districts of Leicester, it is a bright, clean shop, painted in white and apple green. The window and walls are covered with photographs of babies fed on depot milk, with various

"Don'ts," illustrated by sketches, such as:—

"Don't use a tube to baby's bottle."

"Don't stand the milk basin near the sink."

"Don't give the baby a taste of everything you have yourself."

"Don't bind baby up too tightly."

The Depot is under the management of the Health Committee of the Corporation, and is open daily from 9 to 6, on Thursdays 9 to 1. It is managed by a Nurse in Charge, who is an enthusiast on the work, and kindly gave me a great deal of information upon the working of the Depot and the system of treatment. Babies are taken as cases at any age from birth. When a mother brings her baby for the first time, the full particulars of the case are entered, under a reference number, in a kind of loose-leaf ledger, which thus forms a document of the most amazing human interest.

Some of the questions asked are as follows:

1. Name.
2. Address.
3. Age of baby.
4. Baby's present state of health.
5. Baby's previous state of health.
6. Whether under doctor.
7. Method of feeding.
8. Health of mother.
9. Is mother able to suckle.
10. Number of children in family.
11. Have any children died previously.
12. Occupation of mother.

In regard to Questions 4 and 5, any trouble, such as a rash, is duly noted, also the disposition of the baby. Although, as I shall explain, medical aid is given in necessary cases, the Depot always finds out whether the baby is already under a doctor, and which doctor, and mothers are always encouraged to continue any treatment that may have been started previous to the first visit to the Depot. It is important to note that no doctor's treatment is interfered with, and thus no friction arises. In regard to Question 9, mothers are always encouraged to suckle whenever possible. Question 12 is perhaps the most illuminating that is asked, and explains much. In one case, both husband and wife are employed as shoe hands; in another, the husband is dead and the wife stands in the market.

These questions having been answered, the baby is weighed, and the mother is supplied with dried milk, with full and clear directions as to its use. There are now three points to be considered.

1. PROPERTIES OF THE MILK.

This milk, which comes from Guildford, in Surrey, is specially selected cow's milk, from which the moisture has been evaporated. In the papers which are supplied to the mother it is stated that it is *not* a patent food, prepared from starch and sold under a fancy name in order to make a big profit, but is more digestible than fresh milk, many infants thriving on it who are unable to retain fresh milk. It is already sweetened, and requires no sugar to be added. It is supplied in three grades, as follows:—

Half cream for babies to eight weeks.

Three-quarters cream for babies from eight weeks to six months.

Full cream for babies over six months.

2. DIRECTIONS FOR USE.

The number of feeds, and at what hours, recommended by the Depot, are as follows:—

For babies up to three months, nine feeds per day (3, 7, 9, 11, 1, 3, 5, 7, 10).

For babies of three to five months, eight feeds per day (3, 7, 9, 11, 30, 2, 4, 30, 7, 10).

For babies of five to six months, seven feeds per day (5, 9, 11, 30, 2, 4, 30, 7, 10).

For babies of over six months, six feeds per day (5, 9, 12, 3, 6, 10).

In regard to the quantities of milk given, these vary very considerably in the different

grades of milk given, and the age of the babies. Every mother is given full directions as to quantity to be used, and is also given a scoop, about the size of a teaspoon, for measuring. Of course, the quantity may vary in different cases, and the baby go off its feed during teething. A large baby for its age may require more, and a small baby less, than the quantities shown. The following are some average figures:—

Age of Baby.	Scoopfuls of Dried Milk.	Tablespoons of Water.
1-2 weeks	1	3
2-8 "	1½-2	4-5
2-3 months	3	7
3-5 "	4	8
5-6 "	5	10
6-8 "	6-7	12-14

Among the directions given to the mother are the following:—

At the time of feeding, carefully measure out the proper quantities of dried milk and warm water. Then stir in the water in a clean small jug, as you would cocoa, and when mixed, pour into the feeding-bottle.

It is best to use water just as hot as the hand can bear, which has been boiled and allowed to partly cool. Try the milk to be sure it is not too hot.

If the baby does not take all the milk prepared, throw it away, or use it for some other purpose. Do not offer it to the baby at the next feed.

Be sure that the feeding-bottle and rubber teat are kept scrupulously clean. Rinse thoroughly immediately after each feed, using a bottle brush, and keep in a bowl of clean water. Once a day boil both the bottle and teat for five minutes.

Do not give any other food with the dried milk for the first ten months, unless advised by the doctor.

Feed punctually at the fixed feeding hours, even though the baby has to be awakened.

Bring your baby to be weighed every fortnight.

3. COST OF THE DRIED MILK.

The price of dried milk, as sold by the Depot, is as follows:—Half cream, 10d. per lb.; three-quarters cream, 11d. per lb.; full cream, 1s. 1d. per lb.

These prices are for the winter months, and are a penny or twopence dearer than during the summer. The Committee, realising that most commodities are dearer in winter, have wished to fix a uniform price for the whole year, but this has not yet been found possible. I may

add that, although the Depot pays its expenses, it is not run primarily for profit, and, as some of the cases which need the help of the Depot most are those which are least able to pay for it, the Nurse in Charge is empowered to charge only half-price, or to give the milk away in extreme cases, at her discretion. All those who come for the milk just pay what they can. There is, of course, no charge whatever for advice, visiting, or weighing.

I must mention the valuable work done by the Depot as an advice bureau. Either the Medical Officer for Health, or one of his lady assistants, attends at the Depot twice a week to see the most delicate babies. The Nurse in Charge visits homes when the babies or mothers are unable to attend at the Depot itself. Simple remedies, such as whey powder, are provided for troubles like diarrhoea or eczema. Leaflets are issued, warning mothers against the use of dummy teats and sugar toys, also telling them how to prepare albumen water and barky water. Mothers are advised upon all matters concerning the feeding and the clothing of their little ones.

A few figures may not be without interest. The average number of cases on the books for the last completed year is 386 per month, though in the month of August, when diarrhoea is most prevalent, the number reaches as much as 424. The Depot has been running for over eight years, and, the Nurse tells me, does better every year. The average amount of milk dispensed in the week is no less than five and a half hundredweight.

I should like to comment finally on the spirit of enthusiasm and real interest in the work among those who undertake it, and the confidence of those who attend. The benefits to be derived seem well known to Leicester mothers, and the place is splendidly patronised, the shop seldom being empty between the hours of opening and closing.

THE ASSOCIATION FOR PROMOTING THE TRAINING AND SUPPLY OF MIDWIVES.

The annual gathering of the midwives of the Association for Promoting the Training and Supply of Midwives will be held on July 8th at 3 p.m. at 47, Cadogan Square, by invitation of the Lady Balfour of Burleigh. The Badges awarded to midwives will be presented by Her Grace the Duchess of Norfolk.

This annual gathering is one to which the midwives of the Association look forward with much pleasure, and come from far to attend.

PROSECUTION OF UNCERTIFIED WOMEN PRACTISING AS MIDWIVES.

The Midwives Act Committee of the London County Council reported to the Council on Tuesday that legal proceedings were instituted against Mrs. Jane Smith, of No. 14, Chadwick Street, Westminster, S.W., and Mrs. Annie Deloels, of No. 84, Whateley Road, Dulwich, S.E., for practising midwifery within the Administrative County of London, without being certified by the Central Midwives Board. The cases were heard at the Westminster and Lambeth Police Courts, and the defendants were bound over in £5 for twelve months and £10 for two years, respectively. The qualification of certified midwife has a very definite value, since the Midwives Registration Act was passed, and nowadays is protected by the strong arm of the law.

THE HOUSE-FLY EXHIBITION.

Nurses and midwives should study the House-Fly Exhibition organized by Professor Maxwell-Lefroy, now open at the Zoological Society's Gardens, Regent's Park. It is being held in a room in the Superintendent's House, and there are to be seen in connection with it American fly traps, with various modifications, and fly bats, fly nets, fly sprays and syringes, with poisons, bait, and disinfectants till one would think the chances of survival for the most persistent fly were poor indeed.

The design of the exhibition is not only to teach householders how to eradicate a dangerous pest, but also to afford assistance to public health authorities in planning anti-fly campaigns. In accordance with this scheme it is open in the morning to the public from 10 to 12, and in the afternoon it is limited to doctors, nurses, and public health and sanitary authorities.

A point to be remembered this year, emphasised by Professor Maxwell-Lefroy, was that manure heaps are the great breeding place of flies, and that owing to the deficiency of labour it is likely that stable manure will not be removed quickly. A few hundred pounds spent on research work might result in an efficient means of treating manure heaps being available, even before the end of the summer.

TO PREVENT FLY-EGGS FROM HATCHING.

The United States Department of Agriculture gives the following directions for applying borax as a fly-egg destroyer:—"Apply through a fine sieve or flour sifter two ounces of borax to a can of garbage daily; apply ten ounces in the same way to eight bushels of fresh manure and sprinkle with water." Borax should be applied also to floors and crevices in barns, stables, markets, to street sweepings, and to such places in the hospital or home as are likely to be chosen by flies in which to lay their eggs. After sprinkling the borax water should be sprinkled over the powder.

THE INCREASE IN INFANT MORTALITY.

The deputation from the Women's Co-operative Guild, who were received by the President of the Local Government Board last week, had every reason to be satisfied with their reception.

Miss Llewellyn Davies urged on its behalf that the Bill was needed to give due effect to the circular issued last July by the Local Government Board. She asked that the Notification of Births Act should be made universal; that the powers of county councils should be extended so as to cover the establishment of maternity centres and maternity hospitals, and that sanitary authorities should have legal powers to provide ante-natal advice and treatment, and carry on preventive health work among children.

Mr. Long said that anything that could be done to protect infant life and render more secure the early days of the children who were to become the men and women of the future ought to be done, and any gaps in the existing legislation ought certainly to be filled up. While he was in office he should be only too glad to help in this good work. At this moment of supreme national trial the preservation of infant life and the lives of our women was of increased importance. In the few months that had passed since August the population of a great town had been removed from among us—the best, the bravest, and the finest of our manhood. It was, therefore, our bounden duty to see that everything was done that could be done to ensure the well-being of the community.

In reply to questions asked in the House of Commons on Monday and Tuesday by Mr. Lough (Islington) and Mr. Snowden (Blackburn), Mr. Long said:—

"I am fully aware of the importance of this matter, and I am anxious to introduce without delay a measure making the Notification of Births Act of general application and conferring certain powers on local authorities for safeguarding the health of infants and expectant mothers. I shall be very glad if hon. members will co-operate with me in securing the unopposed passage of the Bill."

"The births registered in London during the second quarter of this year averaged 79 per week fewer than the corresponding weekly number in the past five years, and during the 13 weeks ending June 5th there has been a weekly excess in the deaths of children under five years of age averaging 169. This excess has been mainly due to an exceptional prevalence of measles and whooping-cough, with their usual sequelæ. The suggestion that if the present rates be continued for 42 weeks all the infants will have succumbed is, I am happy to say, devoid of foundation, as is also the statement that one child in 10 born dies within 48 hours of birth."

It is disquieting that in the County of London the death-rate of infants under five is much above the average. In one week in April the deaths were 278 over the number last year.

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EDITORIAL.

HOLIDAYS.

Most strenuous workers, after eleven months on duty, feel the need for relaxation and rest, not necessarily for personal enjoyment, so much as for the renewal of the health and energy upon which their capacity to work depends. When work becomes a burden instead of a pleasure, when it needs determined effort to perform instead of being done easily and naturally, it is time to call a halt. For nature takes her revenge if the warnings given by the over-worked system are unheeded, and threatens incapacity more or less permanent if her warnings are ignored, and also because the quality of the work performed deteriorates, and to the conscientious worker this is a condition calling for immediate remedy.

Holidays this year therefore may be regarded as a duty as well as a pleasure, and those who perhaps would hesitate to spend money and time on personal enjoyment, when the country has need of both, will respond to the call of duty which has been much in our ears of late. To nurses especially the call is clearly insistent. We do not know how much greater demands may be made upon the nursing profession in the near future, than at present. But this we do know. The services of all available nurses are likely to be needed before this war is over. That being so, it behoves all who are able to get rest for body and mind as opportunity offers in order to keep themselves fit. It does not necessarily follow that this means a period of inaction. It is a well known axiom that rest may be secured by change of occupation, and we know one nurse of note who, acting upon it, hopes to spend her holidays in the ranks of the munition workers as she is anxious to "do her bit." Others may perhaps help in the harvest

fields and, in other ways, do work which is of national aid. While it must be remembered that the work of nurses in this direction must be unskilled, yet, we believe that workers who are trained and disciplined, and who understand the importance of being on duty to time, and of performing their share of the day's work in an orderly way, must be welcome in many places where employers are short-handed, and it is important that both hay and grain harvests should be gathered in without delay. We believe that there are many people this year who, while realizing the unwisdom of foregoing the holiday which they need, will wish that it shall not be one of wholly irresponsible pleasure, but that pleasure shall be combined with the performance of some bit of patriotic duty.

The problem is how to get in touch with work which wants doing, and which it is within the power of the volunteer to perform. Some nurses who are now working in town hospitals have country homes and can without difficulty get into touch with agricultural needs, and others may have friends who can put them on the right lines.

As the holidays of most nurses are so limited, nothing very elaborate can be undertaken or accomplished, but if there is the will to be of service the opportunity will not be lacking. Perhaps it will come to some in the possibility of relieving some tired worker for a while.

The thing which hard workers must bear in mind is that their primary duty is to return to work invigorated for the future, therefore, whatever form of holiday work their patriotism may lead them to adopt this must not be lost sight of. But a life in the open air, even if combined with occupations which leave the worker healthily tired at the close of the day, may be quite compatible with recuperation for a nurse whose duty is usually indoors, in the wards of an hospital.

OUR PRIZE COMPETITION.

WHAT SYMPTOMS WOULD LEAD YOU TO APPREHEND THE ONSET OF (1) SAPRÆMIA AND (2) SEPTICÆMIA IN A LYING-IN WOMAN?

We have pleasure in awarding the prize this week to Miss A. M. Thieme, University College Hospital, Gower Street, London, W.C.

PRIZE PAPER.

(1) Sapræmia is a condition of septic intoxication, due to toxins or poisons derived from micro-organisms (saprophytes) feeding on dead tissue.

In former days this was mistaken for milk fever, owing to the fact that the milk makes its appearance in the breasts also on the third day.

Conditions necessary for the occurrence of sapræmia are threefold:—(1) The saprophytes may be introduced by dirty hands and instruments of the attendant, or due to dirty surroundings and clothes of the patient.

(2) Dead tissue, on which the saprophytes feed. These may be retained clots, or portions of deceased placenta or membranes.

(3) Absorptive tissue, which may be the placental site or the lacerated cervix, vaginal or perineal surface.

The symptoms which would lead me to suspect the onset of sapræmia in a lying-in woman are:—

(1) The patient feels ill, complains of headache, and on taking the temperature it is found to be 102° F.— 104° F. She will have all the signs of fever, that is, listlessness, a general feeling of malaise, thirst, hot dry skin, furred tongue, dry lips, and a flushed appearance.

The temperature is not ushered in with a rigor, but usually rises gradually.

The pulse rate is increased, and may be 100—120.

(2) On abdominal examination, the uterus is found to be tender and large and sub-involved, due to the presence of retained portions of placenta or membrane, or a clot. These may be expelled on kneading the uterus.

(3) On removing the pad, the discharges, called lochia, are found to have an offensive smell, and are red in colour, may be free and excessive, or in severe cases suppressed altogether.

(4) Other conditions present are:—(1) Offensive stools, and (2) rashes resembling those of scarlet fever or measles. If sapræmia is diagnosed in time, treatment will be successful; if not, septicæmia may result, possibly on account of the fact that successive generations

of saprophytes may produce an organism that can live on living tissue.

THE ONSET OF SEPTICÆMIA IN A LYING-IN WOMAN.

Septicæmia is a condition of septic infection, due to micro-organisms, streptococci, feeding on living tissue, i.e., blood.

The condition necessary is the presence of the streptococci, which are introduced into the blood stream, either through the dirty hands of the attendant, dirty instruments, or dirty bedding and clothing of the patient.

The onset of septicæmia may occur shortly after the delivery of the child, but it usually commences on the third day after delivery.

The signs are rigors, a rigor being a shivering fit, with chattering of the teeth, the patient feels cold, and on taking the temperature it is found to be high, 104° F.— 106° F. The pulse rate is rapid, and in severe cases weak.

The appearance of the patient is flushed, and she may tell you that she feels quite well.

In a mild form of septicæmia, the lochia are not offensive, and may be suppressed. On abdominal examination the uterus is found to be normal, and there is no abdominal pain, tenderness, and swelling.

Some of the signs of fever may be present, that is, the patient complains of headache, has a furred tongue, dry skin, with septic rash, and is restless and complains of sleeplessness.

In the severe cases of septicæmia, the patient has repeated rigors, high temperature, which may drop subnormally, the pulse rate becoming rapid and feeble, and she may be delirious.

Other signs present are severe headache and vomiting, the vomit being coffee ground in appearance. The patient may be constipated, but this condition may be followed by diarrhoea.

The abdomen becomes distended, and painful, and tender. The skin is dry, and septic rashes and jaundice may set in.

If the temperature remains subnormal and the pulse rapid, the prognosis is bad. The patient may die on the fifth or sixth day.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. G. Gilchrist, Miss S. Simpson, Mrs. E. E. Farthing, Miss M. M. G. Bielby, Miss L. Bullivant, Miss J. Macpherson, Miss F. Thompson, Miss M. James, Miss Dora Vine.

QUESTION FOR NEXT WEEK.

Mention the animal parasites which may be found on the surface of the body. Explain what methods you would adopt for their removal.

CONFERENCE DAY.

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

The Annual Meeting of the Society for the State Registration of Trained Nurses was held at the Medical Society's Rooms, 11, Chandos Street, London, W., on Thursday, June 17th, at 11 a.m. Mrs. Bedford Fenwick, President of the Society, was in the chair.

As usual the platform was charmingly decorated with flowers, the national colours, red, white, and blue, in plants and cut flowers, forming the colour scheme this year.

Letters of regret from members unable to be present were reported, and the President read one from Mrs. Strong, President of the Scottish Nurses' Association, who wrote that she was very glad in these strenuous times that the Society was able to keep in view the great necessity for a standard of nursing proficiency, which will be still more urgently needed at the close of this war than now.

There would naturally follow a great abuse from the present necessity of using so much voluntary aid. The three months' so-called training would add to the difficulty, as many, in consequence of this, would profess to be trained nurses.

The names and qualifications of fifty-two applicants for membership were then read by the Chairman, put to the meeting on the proposition of Miss F. Marquardt, seconded by Miss M. Mollett, and carried.

THE ANNUAL REPORT.

The Hon. Secretary, Miss M. Breay, then presented the thirteenth Annual Report and Audited Accounts, which stated that, though public attention, since the last Annual Meeting, on July 16th, 1914, has been naturally centred on the events connected with the European War, yet the urgency for passing a Nurses' Registration Bill was never greater than at the present time.

On the outbreak of War, when literally thousands of nurses were offering their services to the British Red Cross Society, there was no available record of their qualifications, nor had any independent investigation of these been made and registered. . . . Had a State Register of Trained Nurses been in force, the trained nurses would have had a definite status, and those chosen for duty in responsible charge of the sick would naturally have been selected from amongst those enrolled on the State Register; the unskilled help, willingly offered, could then have been utilized under the supervision of trained nurses.

No more striking demonstration of the need for nursing legislation could possibly have been afforded to the country.

Although at the present time party legislation was out of the question, the organization of the

profession of nursing was not a party question, and the time seemed opportune, and the matter urgent, for the consideration by Parliament of the Nurses' Registration Bill.

The Report stated further that 113 new members had been elected during the year, bringing the total membership up to 3,579.

The Nurses' Registration Bill, in charge of Major Chapple, M.P., had not been introduced into the House of Commons this year, as owing to the procedure agreed upon, on the proposition of the Prime Minister, at the beginning of the Session there had not been facilities for the discussion of Private Members' Bills.

It was also stated that Dr. Christopher Addison, M.P., who for several years had backed the Nurses' Bill, had now entered the Government, and this promotion prevented his backing a Private Members' Bill, but Dr. Addison had given the assurance that his sympathy with the object of the Bill remained as before.

The Representative Meeting of the British Medical Association at its meeting in Aberdeen had once more endorsed the principle of State Registration of Nurses.

The Society had signified its support of the resolution to be proposed by the Legislation Sectional Committee at the Annual Meeting of the National Council of Women in London on October 5th and 6th next, re-affirming the resolution passed by the Council in 1908 in support of State Registration, and urging that in view of the majority in favour of the Nurses' Registration Bill on its first reading in the House of Commons in 1914, the Prime Minister be respectfully urged to grant facilities for a similar Bill next year.

Attention was drawn to the fact that the contingent of fifty nurses from New Zealand sent to the assistance of the Mother Country all wore the State Badge, showing that they were registered nurses in the Dominion. Registered nurses from Ontario and Manitoba had also arrived with the Canadian contingents.

Registration laws had recently been passed in North Dakota and Maine in the United States, bringing the number of States in which Registration is now in force up to forty-two.

The Society had again to thank the Committee of the Registered Nurses' Society for the use of their Board Room free of cost for its meetings.

The remark made by the President that the New Zealand nurses had received their proper fee was greeted with applause. On the proposition of Mrs. Tuckett, seconded by Miss Elma Smith, the report was unanimously adopted.

It was agreed to send a vote of congratulation to Dr. Addison on his appointment to office.

THE AUDITED ACCOUNTS.

The Audited Accounts showed a balance in hand of £33 4s. 6d.

The President pointed out that the Society had always kept a nest egg, and that the

balance was a decrease on that of last year, so that for the first time it had spent more than it received. This was not surprising, owing to the many claims upon the community just now. Nevertheless, she hoped the deficit would soon be made up.

The Audited Accounts were adopted, on the motion of Mrs. Bridges, seconded by Miss Pell Smith.

THE EXECUTIVE COMMITTEE.

The Executive Committee, on the proposition of Miss E. J. Hurlston, seconded by Miss M. Lord, were re-elected.

Arising out of the Report, the President reminded the meeting that the members usually had the pleasure of Major Chapple's presence at the annual meeting, but this year he was prevented from attending by his military duties. Since the beginning of the year, first on a hospital train, then in a military hospital, and now in the Dardanelles, Major Chapple had been serving his country. Their champion, Sir Victor Horsley, was also on active service.

Mrs. Fenwick then invited Miss Beatrice Cutler, Hon. Secretary of the National Council of Trained Nurses, to present the paper which she had prepared in conjunction with the Hon. Officers of the Society for State Registration of Trained Nurses, on Military Nursing and Registration.

MILITARY NURSING AND REGISTRATION.

Miss Cutler said:—

When war was declared last autumn between this country and Germany, trained nurses at once realized that all the available nursing skill in the country would be needed for the adequate care of the thousands of sick and wounded men who would inevitably require trained nursing, as the result of the deadly struggle entered upon with a nation whose energies and scientific knowledge had, for many years, been concentrated on preparation for war.

Those who for the last quarter of a century have been pleading for the definition of educational standards for trained nurses, and the formation of a Register, under the authority of the State, of those who have attained that standard, realized at the same time the supreme value which that Register would have been at this crisis.

The Government had at its disposal in the Medical Register, when war was declared, a complete list of every medical practitioner in the country, and therefore knew the extent, and the limit, of the supply. Registers of Dentists, Chemists, and Sanitary Officers were also available.

Concerning trained nurses, however, no such precise information was forthcoming, nor was

any standard in force, maintained by statutory authority, defining what is required by those assuming the title of trained nurse, and the consequence was that in the early days of the war many emotional persons, who suddenly realized that they were heaven-born nurses, and could therefore dispense with the hospital training imperative in the case of those not so blessed, hastily proceeded to undertake work which should only be performed by skilled nurses, and of so grave a nature as to tax even the resources of the fully trained to the utmost.

There is probably not one person in the country who would not subscribe to the statement that our soldiers are entitled to the very best of nursing, and it is therefore the more to be regretted that for the last quarter of a century social influence, and economic privilege, and the apathy of successive Governments in regard to nursing legislation, have prevented effect being given to the unanimous recommendation of a Select Committee of the House of Commons in 1905 that a Register of Trained Nurses should be compiled.

It is manifest that the legislation proposed, which has secured the strong support in Parliament of a Select Committee, and the principle of which has been accepted by the Houses of Lords and Commons; which has practically the unanimous support of the British Medical Association; which is incorporated in a Bill having the considered support of every organized society working for State Registration in Great Britain and Ireland; and which is of paramount importance to every sick soldier, as well as every sick civilian, should no longer be delayed.

The supreme importance of a National Register, with the qualifications of every man and woman in the country for National Service is constantly urged upon our attention. There is a consensus of opinion that had a National Register been in existence, "the work of selecting this man for the Army, that for the railway, another for the Telegraph system, this woman for the motor, that for the Army clothing factory, would have been as easy a task as it proved in Germany." The work of compiling such a National Register while war is proceeding, though it may be necessary, will be a stupendous one, especially where the skilled professions are concerned; but this I can say with confidence, that if Parliament will entrust the Societies associated together in the Central Committee for the State Registration of Nurses, with the task of forming a State Register of Trained Nurses, they are ready to begin it to-morrow, and to bring to bear upon it some of the best organizing brains, and the

highest professional skill in the country. The lack of such a Register unfortunately prevented the Nursing Profession being in the organized condition necessary to enable it to give the very best service to our Army on mobilization.

Owing to the opposition to the organization of Nurses, Trained Nursing, and that branch of it now being called upon to render the invaluable national service known as Military Nursing, have had to be mobilized under adverse conditions.

In consequence, a makeshift service has had to be offered to our sick and wounded soldiers, instead of a thoroughly organized, tested, and efficient body of nurses having been registered for National Service under State authority.

The consequence is that an enormous amount of time has been occupied in sifting qualifications and references since the declaration of war, qualifications which, under a reasonable system of State Registration, would all have been guaranteed and registered. The required number of nurses could then, without any delay, or confusion, have been called up for service, and have filled every position where skilled nursing is necessary; for through such Registration we should have had available an index of every trained nurse whose qualifications had been tested by an expert independent authority, and who in its opinion was competent for National Service, and the selection of nurses for the posts for which they were most suited could have been proceeded with, with a minimum, instead of maximum, expenditure of effort and time—this woman for a Matronship at home or abroad, that one for a Sister's or Nurse's post, on home or foreign service.

As education and experience indicated, each could have been drafted into the section for which she was best qualified. It has been proved repeatedly during the last ten months that the non-existence of this National Register of Nurses has not only caused tremendous waste of time and effort, but the lack of organization has been extremely prejudicial to the nursing profession, and, therefore, disadvantageous to those whom it serves.

An index of nurses, through a State Register, is just as imperative as one of medical practitioners through a Medical Register, for the day has gone by when the argument can justifiably be advanced that medical treatment, either at home, or in the field, can be best, or indeed efficiently, applied without the assistance of the Trained Nurse, and the lack of a Register of Nurses issued under the authority of the State, has opened the door to the most flagrant exploitation, by unqualified women, of highly skilled work, work which is absolutely indispen-

sable, not only in maintaining the health of armies, but also in the restoration to health of stricken men.

Of recent years consideration has been given to the organization and improvement of the Military Nursing Service as an independent section, but not as a branch of the whole profession.

A Nursing Board has been appointed at the War Office, and an Executive Nursing Officer, with the title of Matron-in-Chief, has been given responsible charge of the Service. A Reserve has also been formed in connection with it, which on a peace basis was organized on lines as efficient as the unstandardized condition of the Nursing Profession permitted, though the adoption, as the qualification for membership, of "a certificate of not less than three years' training and service" instead of "three years' training" is much to be regretted. In the Territorial Force Nursing Service the latter qualification is happily required.

What I desire to emphasise, however, is that the candidates for all these Services pass into them without being required to give evidence to a Central Examining Authority of having attained a definite standard of efficiency; by which I do not mean that the work of the Nursing Sisters is not of a very high order, or their devotion beyond all praise. I have had the pleasure and privilege of recently seeing their work in Military Hospitals "somewhere in France."

Nevertheless, that does not affect the fact that there should be one portal to the nursing profession, and that before any woman is entrusted with the responsible care of our sick and wounded soldiers, she should have passed through it.

So far, the State has left the general public to fight its own battles on the qualifications of trained nurses; but our armies are composed of men whose lives may be forfeit to the Empire, and for whom the State is not only corporately but personally responsible through the Department of the War Office.

It is therefore the duty of the War Office to guarantee the quality of all the nursing which it provides for the Army, and this is impossible unless the curriculum of training, and the standard of examination, are defined by State authority.

The fundamental mistake in the organization of Military Nursing, in so far as the War Office is concerned, is the fact that it has deputed to a body of charitable and unprofessional persons the organization of nursing in military auxiliary hospitals, thus failing to control effectively the

nursing in hundreds of hospitals in which sick and wounded soldiers are compulsorily treated, and it is in many of these institutions that trained nurses have been placed under untrained authority and supervision.

This system is absolutely indefensible, and the danger to nursing efficiency and hospital discipline, which is inevitable through such a system, would have been recognized, and impossible, if State Registration had been in force.

The National Council of Trained Nurses of Great Britain and Ireland, in a Resolution and Statement sent to the Secretary of State for War at the beginning of this year, has placed on record its protest against such conditions, and this protest, we are aware, has been the principal factor in effecting certain reforms.

But, both educational and economic disabilities still continue, and real, permanent reform can only be effected, and the position of trained nursing placed on a secure foundation, upon which it can build a solid superstructure, by the recognition by Parliament of nursing as a skilled profession. Trained nurses have a right, with every other class of person entrusted with personal responsibility in connection with the health of the Army, to the legal status which gives them a certain defined and recognized position, and enables them to assume responsibility for the standing and honour of the members of their profession.

The next business on the agenda was to consider the following resolution proposed by Miss Musson :—

RESOLUTION.

That the mobilization of the Nursing Profession, owing to the war, has demonstrated the absolute necessity for a standard of nursing proficiency, and the Registration of those who attain the same, in order that the Government may have accurate information as to the number, names, qualifications and addresses of the trained nurses available.

Moreover, a State Register is the only means through which the public can avail themselves of skilled or unskilled nursing, according to their requirements.

That as the State Registration of Trained Nurses is a non-party question, of national importance to our sick and wounded sailors and soldiers, the present moment is opportune for a non-party Government to deal with it.

This meeting therefore petitions His Majesty's Government to give facilities for the consideration of the Nurses' Registration Bill, in charge of Dr. Chapple, M.P.

In proposing the Resolution, Miss Musson said that the establishment of a standard of nursing proficiency would enable us to put our house in order, and would be a means of improving our profession.

Nothing, said Miss Musson, hurt so much as the faults within our ranks. She had recently been seeing nurses of all kinds, and it was sad to realise how much the lack of organization injured the members of our profession. The nation could always depend upon their willingness; that was never lacking, but very often their ability was. It was not the fault of the nurses, but of the lack of standards. Had there been a recognized standard of proficiency, there might not have been a larger body of nurses, but there would have been a more competent one, as the training schools would have had to train up to it.

In the best schools there would always be people who did not take the greatest advantage of their opportunities, and there would always be others who desired to excel, because ambition was inborn in human beings, and while raising the minimum you would not destroy ambition.

The war had demonstrated that we were nearing registration. Had it been in force a record of nurses' qualifications would have been accessible. As it was the Matrons of Training Schools were almost done to death. Almost all nurses were taking up new work, and the Matrons were inundated with inquiries as to their qualifications.

Again, the government of the nursing profession was far too much in the hands of lay people, who were very helpless when it came to dealing with nursing matters, especially in selecting nurses, and they frequently thought a short term of training sufficient. She had much pleasure in proposing the Resolution.

Miss E. B. Kingsford, who seconded the Resolution, said that the cause of Nurses' Registration was a just one, and they would be able to accomplish much more if they were properly organized than at the present time, and would be as efficient as it was possible to be. Cohesion and organization spelt success, and these were what we wished the Government to grant us.

Miss Mollett agreed with Miss Musson as to the lack of efficiency of some trained nurses. But it was not as a rule the nurses' fault. Some central body was needed to see that the hospitals fulfilled their obligations. At present they got cheap labour, and frequently gave little in exchange. The teaching given to probationers could often be put into a nutshell, and then it would not fill it. Nor were they taught discipline or the rules of their profession. The hospitals were very much to blame. It was useless to give probationers pretty bedrooms, if they did not give them knowledge. We had had an imperial lesson, and she hoped it would do us good.

The Chairman, in closing the meeting, said, "Do not let us blame the nurses too much." She pointed out that the training of nurses was often defined and controlled by committees who did not know what nursing education meant.

Every Committee of a training school should include expert nurses to advise as to nursing education.

All nurses knew how much the *morale* depended on self-respect and high ethical standards. She did not know of any nursing school in the country where a real effort was made to instruct the probationers in nursing ethics. American nurses in the first few months of their training were taught ethics in relation to the medical profession, the patients, and their fellow nurses. Registration was the only remedy.

THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

The National Council of Trained Nurses held a Conference, following on the Annual Meeting of the Society for the State Registration of Trained Nurses, at which several important questions were discussed.

THE NEED FOR A TRAINED NURSES' ECONOMIC LEAGUE.

In the morning Mrs. Bedford Fenwick presided, and introduced Miss Henrietta Hawkins, P.L.G., who presented a paper on "The Need for a Trained Nurses' Economic League," in which she claimed, "It is a fundamental principle that for the stability of any body of workers, and for the establishment of just economic conditions, co-operation between its members is required. Further, if it is to be self-respecting, and respected by others, it is necessary that it should be organized, that it should demand a high standard of skill as the qualification for admission to its ranks, and should then take steps to protect that standard.

"This is the lesson we learn from the old Trade Guilds, which, founded in the Middle Ages, are still a force in the City of London—the reason being that they demanded a long apprenticeship, with resulting high skill and pride of craft on the part of their members, and their financial stability is so secure that they are powerful Corporations, held in the greatest honour and respect in the financial world."

Points brought out in the paper were that it is unquestionable that nursing education has

suffered in efficiency because its economic basis is so insecure, and the chief reason why nurses, as a class, concern themselves so little with economics is because they understand so little of their meaning, power, and importance.

Economics, the speaker said, were briefly, "the science which treats of the nature of wealth and the laws which govern its production, exchange, and distribution." It might appear, perhaps, a dry subject, but to those who studied it it became increasingly fascinating. Moreover, as sound finance was the basis of the prosperity of a nation, it was equally so in the case of a profession. It was essential to the welfare of the latter that it should control and administer its own finances. Further, every individual member should realize that it was an obligation of membership of a profession that each should contribute something to its upkeep. Industrial workers, who had learnt this lesson in the school of adversity, were now a force to be reckoned with through their trade organizations, built up by their own work and money.

It was because both knowledge and interest would be stimulated by a Trained Nurses' Economic League, and that it would benefit the Nursing Profession as a whole and its individual members, that she suggested the duty of founding such a League.

Nurses would be able through its medium to discuss the best methods of defining, maintaining, and raising the standard of nursing education.

The speaker emphasised the value to nurses of an Insurance Society managed by a committee of trained nurses, and said the experience of such a society proved that even with a small membership all legitimate sickness claims could be fully met, and a substantial sum saved in a few years.

Another most important essential in the well-being of any profession was a voice in the public press, controlled by the members themselves, which, if loyally supported, should prove a financial asset in support of the professional organization to which it belonged, and not of outsiders.

After hearing the reasons advanced by the speaker in support of the proposition, "That a Trained Nurses' Economic League be now formed," a proposal seconded by Miss Carter, it was unanimously agreed as desirable, and the Chairman announced that Miss Hawkins had kindly consented to undertake the preliminary organization.

We hope to report the paper and discussion fully next week.

THE PLACE OF THE IMPERIAL MOTHER IN PEACE AND WAR.

In the afternoon the chair was taken by Mrs. Baillie Reynolds, when Mrs. Bedford Fenwick opened a discussion on the Place of the Imperial Mother in Peace and War, in special reference to Social Service in Relation to the Soldier, and outlined her scheme for a Sanitary Nursing Service for the Army.

A SCHEME FOR SOCIAL SERVICE IN RELATION TO THE SOLDIER.

Mrs. Fenwick spoke as follows :—

To quote from Mill's "History of the Crusades" :—

"The Christians weary, thirsty, and oppressed with labour and heat, would have sunk into despair if the women of the camp had not revived their courage and brought them water from the stream. The combat was renewed with tenfold vigour."

Since the fateful opening days of the present European War, in August last, the one force which cannot fail to have impressed itself upon the world is the energy with which the women of the Empire have brought water from the streams.

If one attempts to visualize the innumerable channels through which the energy of women has brought relief to our warriors, "weary, thirsty, and oppressed with labour and heat," one realizes that though all this energy has been generated by the heart of the Imperial Mother, and has been of inestimable value, a vast amount of her brain power has been dissipated through lack of organization.

A fallacy is widely extant that women cease to have the right, inalienable from their maternity, of interest in the conditions of the lives of their soldier sons; and that in this connection their responsibility as human beings is nonexistent.

But, from the first day of the present war, the vital patriotism of women has proved as irrepressible as their fitness for imperial responsibility has been demonstrated, and I think we may affirm that the Imperial Mother has come to stay.

Women have claimed that not only every man to whom the responsibility of Empire has been entrusted should be taught how to discharge his national duty, and encouraged to perform it, but that every woman has also her rightful place in the protection and safety of the Empire. That to her belong the place and duties of the Imperial Mother, a rôle which concerns not only her physical but her spiritual nature, and that if the great jewel of the British

Empire is still to blaze in the central place of the Crown of Nations, the spiritual forces of the whole nation must inspire those who grasp the flaming sword which guards its place of honour.

Her country is the child of the Imperial Mother, on which it is not only her pleasure, but her duty, to lavish her deepest love and devotion.

The Nursing Profession comes more intimately into touch with the *personnel* of war than any other class of women, and it is therefore our National Council of Trained Nurses of Great Britain and Ireland which has ventured to convene this Conference, and to appeal to women whose highly specialized work in many directions is intimately associated with national efficiency to confer and co-operate together, so that the expert knowledge of the women of the nation may be utilized without wastage for the benefit of the whole Empire.

We may state broadly that the progress and stability of any nation is founded on a high standard to health. Primarily, therefore, it must have an abundance of the essential elements—Earth, Air, Fire, and Water.

We have, thanks to the prowess and statesmanship of past generations, provided ourselves with these vital necessities all over the world, and it is the duty not only of men, but of women, to keep what we hold, and to use them to the utmost for the benefit of the State. Scientific knowledge alone of the forces and values of these elements entitles us to retain their manipulation. If a people more laborious, more scientific, with greater technical skill, more efficiently organized, arises to contest with us these priceless possessions, then let us not ignore the brain power or the will power, while we condemn the cruel and cowardly methods of the enemy, but let us realize where in the past we have failed in acumen, in self-denial, in patriotism, that we are to-day fighting to the death to retain our glorious earthly heritage, fighting not only for the material, but for the spiritual power and solace of the world. Now and for all future time woman must play her part in world politics—the mother part—with every faculty of body and soul. It is the Imperial Mother only who can raise and nurture a truly imperial race—dominant and humane—and we may fulfil the highest human duty in accepting a very humble part.

First, it is the British woman's duty to scan the Map of the World, and to appreciate the vital qualities which have given to the British race the pick of the world's places; then let her realize how intimately these qualities depend upon the standard of the people's

health, and how the right uses of the essential elements govern that standard, and she will no longer be content with the retail provision of food and raiment; in peace time she will want to know just what happens from seed time to harvest, so that in time of war the inner man shall run no danger from shortage of supply. And for the comfort of the outer man there must be no chance of rags and tatters. Victory is to the strong—to the physically, mentally, and morally strong—and how vital is the importance of the Imperial Mother's part in nourishing a Race has never yet been sufficiently realized by the rulers of any State.

One good result from this stupendous struggle of the nations is already apparent—for ever has been swept away the supposition that women have nothing to do with war. War affects them vitally.

Physically it can be claimed that it is their bone and sinew which are tested in every battle, it is their life's blood which is spilled upon the ground, it is their nerve force which may command the victory. Within the War Zone, mental and physical agony may be their portion in life and death. Thus they are called upon to play a warrior's part, and with little hope of glory they have seldom failed in courage.

Outside the War Zone, in family life they have been called upon to assume the dual duties of father and mother; in the industrial and professional life of the nation, the labour of women must replace that of men. Therefore I claim that women have a right to offer expert social service to the Army both in times of Peace and War, and, as a trained nurse, I would direct your attention to a few suggestions for the organization of a scheme for the maintenance of the comfort and health of the soldier from the day he is recruited until he is retired from the Service.

A SANITARY NURSING SERVICE.

In this connection the National Council of Trained Nurses has expressed to the Director-General of the Army Medical Service at the War Office the opinion that the lack of domestic and nursing organization, in connection with camps, billets, rations, laundry, and preventive nursing has resulted in a serious amount of sickness and suffering amongst the recruits of the New Army, which might have been prevented had the expert knowledge of women in domestic and nursing science, and their practical help, been requisitioned by the War Office, as suggested by myself in September last, and my Council has since pleaded that a new Department of the Sanitary Service of the Army might be organized, in which the

expert knowledge of women in domestic and sanitary science should be available.

No one will dispute that a recruit having been passed as sound and fit for military service, it is of the utmost economic importance to maintain his general health at the very highest standard. As good domestic management, in co-operation with efficient sanitary conditions, forms the basis of the environment best calculated to maintain health, it is very necessary that domestic science, together with personal hygiene, should be enforced wherever soldiers are mobilized—in houses, huts, tents, trenches, and hospitals.

Under the existing organization of the Army Medical Service there appears to be scope for the work of women in such a connection.

A Sanitary Nursing Service should include the following departments:—

1. Scientific Domestic Management, including housing conditions and cleanliness of billets, the nutritious value of rations and good cooking, cleanliness of food, kitchens, and utensils, and the care of clothing and laundry.

2. Personal Hygiene, to include elementary instruction to every man in the cleanliness and care of the person, and in the prevention of disease.

3. Preventive Nursing, observation of deviation from the normal in health, and first-aid nursing, under medical direction, by a special Corps of Sanitary Nursing Sisters.

To organize this Scheme I would suggest that in connection with the Royal Army Medical Corps this additional department should form a section of the Sanitary Medical Service, which has proved an indispensable part of military organization. The Sanitary Nursing Service should be composed of thoroughly trained nurses holding additional qualifications in first aid, hygiene, and sanitary and domestic science. The duties of this Service would be of a very responsible nature, and it must necessarily be composed of cultured and highly educated women, calculated to inspire respect amongst soldiers, capable of maintaining high standards of order and discipline in their departments, and who would therefore rank as officers and be sufficiently paid.

In time of war, Sanitary Nursing Sisters would be drafted to the Front, attached to camps, and be deputed to duty with the Flying Columns, and as close to the Collecting Zone as permissible, and in the Evacuating Zone, where the transport of the wounded has been so wonderfully simplified by the use of the motor ambulance and ambulance train. They should be on duty at clearing stations, rest stations, and on motor ambulances, ambulance

trains, barges, and hospital ships, and thus have nursing charge of the sick and wounded during their transportation from the clearing stations to the base hospitals, where a fully qualified Nursing Staff are on duty. These Sanitary Nursing Sisters would form an entirely new branch of the Military Nursing Department. The time has long since passed when it can justifiably be asserted that the work of the medical profession can attain the best results without the assistance of skilled nursing. Trained Nurses assist the medical and surgical sections of the Royal Army Medical Corps in Military Hospitals. Why not include them in the Sanitary Service?

To indicate how far-reaching might be the scope of such a Service, one has but to suggest that in the prevention of sickness the mental and moral conditions, as well as the hygienic and sanitary, are tremendous factors; and just here comes in the social service in which the whole community has power to share. To the Imperial Mother sound health is not only a question of keeping the body fit, but, by supporting the morale of the Army, keeping the mental faculties alert, and the moral fibre pure.

Physical, mental, and moral health are conjointly responsible for the fitness of Armies, and the ultimate certainty of victory; and by helping to maintain such a standard, the mother in every woman may worthily play her part.

Such a Nursing Service as I have indicated, to be successful, would need the generous help and personal support of the community in close association with it, and, to indicate but a few of the innumerable activities of the Imperial Mother in this "Scheme for Social Service in Relation to the Soldier," I have but to mention sympathy and personal intercourse with the families of soldiers of all classes, food supplies, clothing and comforts, women patrols, temperance canteens, and club rooms, hospitality, hospital visiting, amusements for convalescents, after-care, work for the disabled, and let us not omit help for the dear wounded animals.

What is absolutely necessary to give effect to the devoted and invaluable work of women in all directions for the welfare of the Army, is to avoid overlapping by co-operation and organization, and I venture to throw out this suggestion, in the hope that it may meet with the approval of those who have given such splendid service to the nation since the commencement of the War, that an Imperial Mothers' Council might be formed, representative of every branch of women's service, which I believe has made the very deepest impression and earned

the warmest gratitude, not only of the men who are fighting and dying gloriously for our beloved country, but upon the whole community, who realize the invaluable and civilizing influence of the work of women for the Army.

I therefore beg to propose:—

1. That a Sanitary Nursing Service should form a section of the Sanitary Medical Service of the Army.

2. That an Imperial Mothers' Council be organized, representative of every branch of women's Social Service for the Army.

SCIENTIFIC DOMESTIC MANAGEMENT.

Mrs. Clark Nuttall, who spoke on the importance of scientific domestic management for our mobilised soldiers, said:—

It is my privilege to live in the centre of a small town which has been turned into a military camp, so I may perhaps indicate the directions in which assistance seems most useful, in connection with billets, food, laundry and mending.

Last August, when we heard we were to be billeted, we British women felt almost in the hands of the enemy. We soon found that long before the outbreak of War the areas had been marked out, and the billeting officers knew where to place their men. There are three kinds of billets—public buildings, such as schools; private houses, from the Bishop's palace to the cottage; and empty houses. If the billeting officer sets his affections on your drawing-room, and says it will do very nicely for officers, there is nothing for it but for you to take down your pictures and turn the best bedroom into a drawing-room. In cottages the men sleep in the front parlour; and in public buildings, on the floor, with a haversack for a pillow.

The billeting officer learns of undesirables from the police; and of infected houses, from the sanitary officers; and though, where so many men have to be billeted, the billeting officers cannot have too high a standard of cleanliness—and in one instance, men slept in the street rather than in their billet—they endeavour to secure suitable billets.

In case of illness, the authorities pay odd a night. If a soldier is slightly ill, he stays in his billet, and here comes in the need for attention. He may have tonsillitis or high fever after inoculation. His rations, which should be sent to him, may be forgotten; one man, I believe, was forgotten for four days, and if rations are duly delivered, a sick man cannot touch bread and cheese, and beef to which leather is tender in comparison. In one case the friends of a man pushed milk puddings through the window; and in a case of bad boils, a friend fed the man up, or there would have been a military funeral.

Again, Sanitary Sisters, of whom we have just heard, might usefully be attached to the field ambulances. My own brother (said the speaker), has been in an officers' hospital, six miles behind the firing line. He writes that a miner from

Derbyshire is attending upon him, who is all right, but not exactly an expert.

The cooking is often vile, but it depends to some extent on the quarter-master. In one case, a quarter-master secured quarters in a school, the cooking was good and the men enjoyed their food.

But if the man selected for battalion cook has previously been employed in greasing engines, or is lazy, and the utensil used for making soup is afterwards used for brewing tea you do not know if you are having soupy tea or teasy soup.

At one time I was serving in a canteen, and we took something like £8 a week, which dropped at once when the cooking for the men was improved. The men need feeding, and Army cooks should be trained, and women supervise the feeding arrangements. The Army cooks are supposed to send out beef tea to the men who are ill in their billets, but it is by no means always appetising.

In regard to the washing, the men with whom we are dealing had been accustomed to a fortnight's training in the year. They took a supply of clean clothing, and took it home dirty at the end of the time, so the laundry question hardly arose. At present eight buckets are allowed to a battalion, which does not admit of a liberal supply of water for washing purposes. The men in private billets generally get looked after, but there is a great necessity for adequate arrangements for washing the clothes of those billeted in public buildings. Some of the clothes may be verminous, not necessarily because the men are dirty, but because they have come in contact with dirt, and they must be cleansed and their clothes cleansed.

This question of washing has not arisen before, as this is the first time the Territorials have been mobilised. The men billeted in public buildings and empty houses usually have no facilities for proper washing. In the houses of the better classes hot water is attainable, but drying is difficult and often objected to.

In the cottages where two or three men are billeted the women wash and mend for them, the men paying for the work. If the woman is clean and thrifty these men are best looked after in this particular respect.

Experience shows that while the majority of men get their laundry done somehow if left to themselves, a large minority are very slack.

A scheme has been devised, and is now working in one battalion, whereby women fetch the bundles of washing made up by the men at a certain fixed time every week. About eight to a company call at its headquarters and take away the bundles, and return them in four days, leaving time for the men to do minor repairs and change. They cannot bring back clean and take away dirty linen at the same time, as the men have often only a single change.

In regard to mending, we went to the Colonel, who hailed with enthusiasm the idea that we had people ready to do the mending, but all we ever got to mend were two pairs of socks and

a pair of riding breeches. You will never get Tommy to bring his clothes to be mended. Now the woman who does his washing in the back kitchen does some perfunctory mending.

When the men came into the town people began croaking and saying there would be an epidemic of immorality. As a matter of fact the morality of the town is on a higher level than a year ago. It seems the wish evolves the thought. People will insist we are living in a hot-bed of iniquity, and ask leading questions to almost make you say it is the case. Really the behaviour both of men and girls has been most admirable.

PERSONAL HYGIENE.

Dr. R. Murray Leslie, in an admirable address, said:—

The essential importance of personal hygiene in the Army is now universally recognised, and we are all aware of the magnificent results which have been achieved by the Army Medical Service and the Army Sanitary Department. In the present War, hygienic measures have taken a more prominent place than ever before, with beneficial results to our soldiers that it would be indeed difficult to exaggerate. A comparison of the incidence of typhoid fever in the present War and in the Boer War may be cited as an illustration. In the latter we lost more men from typhoid than from wounds; while in the present War the percentage of such cases has been relatively extremely small, partly due to anti-typhoid inoculation, but largely to the excellent sanitary precautions which have been taken. It is at the same time true that these results have been in great part the result of general sanitary measures, such as the careful attention which has been paid to the purity of the water supply and to the removal of excreta. I do not for one moment mean to imply that individual personal hygiene has been neglected, as general directions have been issued to the men, and individuals have in many cases been personally instructed under the supervision of the Field Ambulance Department. Nevertheless, it must be difficult without perfect organization to enforce the practical application of personal hygiene, as it must be almost impossible for the necessarily limited medical staffs to superintend all details, even with the assistance of their Field Ambulance Orderlies, who, however zealous and energetic, have not the requisite knowledge to deal with all emergencies.

When Mrs. Bedford Fenwick first brought up the question of the advisability of forming a new order of Sanitary Sisters, to be attached to the staff and to be under the direction of the Sanitary Medical Officers, just as District Nurses, who act as Health Visitors, School Nurses and Women Sanitary Inspectors, now act under the direction of the Medical Officer of Health, it made one think; and such a proposal seems worthy of careful consideration.

It was Florence Nightingale who was mainly instrumental in introducing sanitary reforms into

the Army, and in revolutionising our barrack system. She is chiefly remembered by the public in connection with the Crimean War, but her real claim to scientific distinction as one of the greatest women who have ever lived is founded upon her work as an Army sanitarian. Why cannot her successors carry on the good work by the formation of an Order of Sanitary Sisters?

Let us try to indicate in what ways such Sanitary Sisters might be able to give real effective assistance in bringing about a higher standard of personal hygiene. I am of course referring to trained Nurses with special sanitary qualifications. Would their presence and influence in training camps tend to raise the standard of personal hygiene which conduces so much to promote the fitness of armies in the field, as it is well known that one uncleanly careless individual may be the means of bringing about serious illness and incapacity in a whole trench or series of trenches?

Let us consider the question under various headings:—

Billets.—It is generally recognised that, owing to pressure of time and other circumstances, the billeting officer who has to provide billets for a definite number of troops has often to accept accommodation without always insisting on sanitary requirements, and it is well known that frequently billets have had to be condemned later, after sore throats and other illnesses have manifested themselves, and one knows how frequently sore throats may be the precursors of various infective diseases. It seems possible that specially trained nurses might be able to render invaluable service in investigating and reporting upon doubtful billets. There is also the question of overcrowding, and, as Major Lelean has recently pointed out, adequate inspection of billets leads to sanitary redistribution and adjustment. Many faults such as dustiness, which might escape the male observer, would soon be discovered and dealt with.

I have recently had under my observation the case of a young recruit, who, along with five or six others, slept on a dusty floor and all contracted bronchial colds and sore throats. Sanitary Sisters would be able to give practical assistance in connection with hut encampments and would be able to supervise ventilation, dusting, &c., and would at once detect evidence of uncleanly habits, *e.g.*, expectoration, &c.

Infectious Diseases.—In regard to infectious diseases—measles, meningitis, &c.—prompt detection by the regimental medical officer is, of course, all-important; and trained nurses might be of the greatest value in carrying out the instructions of the medical officer, as upon the efficiency of the measures of precaution taken depend the health and safety of numbers of other men who may be exposed to infection. In many cases, too, it is impossible to arrive at a diagnosis until one or more days have intervened, and these sanitary sisters might be of great value in visiting any such suspicious cases not ill enough to be sent to hospital, and in reporting at once if any definite symp-

toms should arise between one medical inspection and another. They would be able to keep pulse and temperature charts and so forth.

They would also be available for painting throats. On account of their aseptic training they would be extremely useful in helping their medical officer with anti-typhoid inoculations, as their hospital experience would enable them to carry out the necessary aseptic precautions in preparing the syringe and needles for the medical officer's use, and their services would also be available in attending to those men who suffered from an unusually marked reaction during the first 24 or 48 hours.

Attention to Minor Ailments.—There is a multitude of minor ailments which are not sufficiently grave to require hospital treatment, and yet the neglect of which may lead to incapacity, and many of which could be successfully dealt with by nurses under the supervision of the medical officers. Of course, the great object of a well-organised Field Ambulance Department is to prevent the occurrence of such minor ailments, but this good result cannot always be achieved.

Captain Webb Johnson has recently pointed out that in his experience the two commonest causes of absence from duty on account of minor ailments are sore feet and dyspeptic troubles. The foot inspection carried out by the medical officer after a march would surely be more effective if a trained nurse were present who could dress blistered feet or apply soothing lotions and powders in the case of those men whose feet were angry and red without being actually blistered; while they would also be able to examine the boots and stockings, as blisters are often the result of badly mended or ill-fitting and unsuitable socks, which it would be the duty of the nurses to replace. This work would be better carried out by women than men.

As regards dyspeptic troubles, special invalid diets different from the ordinary routine diet might be provided for men suffering from dyspeptic symptoms.

Personal Cleanliness.—The influence of Nurses might be considerable in regard to securing personal cleanliness in camps, *e.g.*, foot bathing, washing before eating, &c. They might also be useful in supervising the washing and drying of clothing, including efficient airing. Clothing loaded with organic matter due to sweat is most unhygienic.

In many other ways these nurses might better the physical and mental conditions of the soldier and so improve his efficiency, and in this connection it is interesting to note that Major Lelean in his recent lectures on Sanitation in War refers to the frequent difficulty in making adequate arrangements for the personal comfort and well-being of the various units, as the specialist Sanitary Officer, who is a sort of military M.O.I., cannot attend personally to the actual carrying out of all the arrangements for the troops under his charge.

Food Supply.—Much assistance might be rendered in regard to the great questions of food

preparation, food distribution and food storage, not to mention the prevention of waste. Accounts frequently reach us, as was pointed out recently at the Headmistresses' Conference, of the waste going on in the camps, and side by side with it of the bad cooking which upsets the health of many of the soldiers, and the suggestion was made by one headmistress that a few trained, experienced women caterers might change the state of affairs. In any case the occasional inspection of kitchens by Sanitary Sisters would be a valuable check on such waste.

In regard to the protection of food, such kitchen inspections would ensure that food is protected from flies, and that it is covered by muslin or fine wire netting, both during storage and during conveyance from kitchen to mess rooms. Here, again, Major Lelan definitely states that although the fly-proofing of kitchens and mess rooms by coarse butter muslin is both cheap and effective, it is difficult to induce men to undertake this duty. They cannot be persuaded to use it. I suppose because they will not be troubled with those trivial details which are so all-important in regard to kitchens; women appreciate better than men the importance of scrupulous cleanliness, *e.g.*, in the camp mincing machines—and here the supervision of the Sanitary Sister would be of much value.

Insect Pests.—Apart from flies, there are the great pests associated with lice, fleas and other vermin. A single lice-infected individual can in a very short space of time infect a considerable body of men, as has been often proved both in camps and in trenches. It has been computed that one single female body louse may be responsible in six weeks for 8,000 progeny. The aggregation of men leads to the direct personal transference of lice, and the proper disinfection of clothing is all-important. It is not always possible to get the clothing disinfected in large disinfectors and a Sanitary Sister might be of great value, not only in treating the condition, but in disinfecting the clothes. The adequate management and treatment of those minor horrors of war is extremely important.

I am afraid I have already occupied too much time, but what I have said has perhaps been sufficient to indicate how Sanitary Sisters might be of assistance. Women are mistresses of detail, and in sanitary matters and personal hygiene attention to detail is everything.

There is, of course, the question of expediency, and whether the presence of Sanitary Sisters would hinder the various units of the Field Ambulance Service in carrying out their duties, as they might be inclined to trust too much to the Sisters, and shirk their own work. In other words, there might be divided authority. This objection to the employment of nurses in camps was raised only this morning by a Colonel Commandant of one of the large Field Ambulances, who seemed to think there might be some difficulties in the way of carrying out such an organization as has been proposed, and he seemed to be of

opinion that the rôle of trained nurses would principally lie within the walls of permanent or temporary hospitals. Such objections, however, have been brought forward in regard to every new proposal, and such an organization could only be tested by actual experience, and personally I hope that one result of the present conference will be that a trial of carefully selected Sanitary Sisters should be made in one or two individual camps, and it is more than possible that such an experiment might prove an unqualified success. If it is proved that personal hygiene can be more efficiently carried out with the assistance of such Sisters, then they should certainly be employed. A judicious selection should, of course, be made to start with, and they should be, as Mrs. Fenwick suggests, specially trained women of dignity, commanding respect.

It is also a matter of constant observation in hospitals and elsewhere that soldiers (Tommys) are extremely willing to carry out any directions given by a nurse in uniform; they will do any mortal thing a nurse tells them to do, and a man 6ft. 2in. high will cheerfully obey a little Sister in uniform; and this may be a point of some importance.

Whether Sanitary Sisters could be employed at the front on the lines of communication or in the collecting and distributing zones, is a question I do not feel competent to deal with. There are many obvious objections to the presence of ladies near the firing line, though I believe in the case of Continental armies, women are a good deal employed behind the trenches. Anyhow, they would be much more use than the dear, beautiful V.A.D. people, who do not know much of either hygiene or sanitation. The first step undoubtedly would be to prove their value at home before sending them out to the Front.

I would close with the remark that anything and everything that will contribute to a higher standard of hygiene is a matter of paramount importance to our armies in the field.

PREVENTIVE NURSING.

Miss H. L. Pearse, Superintendent of London County Council School Nurses, said preventive nursing implies the avoidance of disease by maintaining a high standard of health, and the prevention of serious trouble by attending at once to slight ailments, so that they are not permitted to develop.

So far the assistance of the nursing profession in relation to the soldier has been restricted to hospitals to which he has been admitted after a break-down in health either from wounds or disease, but were the assistance of a Corps of Sanitary Sisters, such as Mrs. Fenwick has outlined, at the disposal of the Royal Army Medical Corps they could do much to prevent the break-down by which the soldier is incapacitated, and the fighting strength of the Army thereby weakened.

I am of opinion that such assistance is required wherever large numbers of troops are gathered

together, and more especially in camps or billets of new recruits. These young men fresh from home have not learned the wisdom of the experienced soldier, and do not know how to deal with the many small ills which must arise from their complete change in conditions of living.

The work done by the London County Council School Nurses such as is done at the Minor Ailment and Treatment Centres, is in many respects similar to that which would be useful in connection with the soldier.

The Sanitary Sister should in addition to being a certificated nurse hold the certificates of recognized examining bodies in hygiene and sanitary science.

I have much pleasure in seconding Mrs. Fenwick's proposition (1) that a Sanitary Nursing Service should form a section of the Sanitary Medical Service of the Army; (2) that an Imperial Mothers' Council be organized, representative of every branch of women's Social Service for the Army.

In support of the latter half of the Resolution Miss Pullen-Burry, F.R.G.S., spoke on "Our Earthly Heritage," - Mrs. T. Chamberlain, Hon. Secretary, Agricultural and Horticultural International Union, and Miss Helen Colt, on Food Supplies, and Mrs. Hathaway Turnbull on help for wounded horses and the Blue Cross Society.

In a few concluding words Mrs. Fenwick referred to the practical value of Dr. Murray Leslie's most sympathetic address. She was very glad to know that he had sounded a military authority on the subject of Sanitary Sisters. She was not at all surprised to hear there might be difficulties. She had never yet known a moment opportune for the adoption of new ideas, but if the principle of the formation of a Sanitary Nursing Service for the Army was accepted she believed it would materialize.

The Resolution was then put from the Chair and carried unanimously.

A hearty vote of thanks to Mrs. Baillie Reynolds for her kindness in presiding and to the speakers was carried.

Between the meetings Mrs. Walter Spencer entertained forty members of the Council to luncheon at 2, Portland Place, W., who greatly appreciated her kindness. The tables were beautifully decorated with white and yellow flowers, and as usual the most abundant hospitality was extended to every guest.

As we go to press we have received from the Edinburgh Committee of the British Red Cross Society (Scottish Branch) through its Personnel Committee, of which Mr. David Wallace, C.M.G., F.R.C.S.E., is Hon. Secretary, a list of appointments of nurses which we hope to publish next week.

The Personnel Committee, 2, Frederick Street, Edinburgh, would be glad to receive further applications from nurses willing to undertake War Service. Names should be sent to the Convener,

NURSING AND THE WAR.

Her Majesty the Queen of the Belgians has graciously signified her pleasure in accepting a copy of Miss Violetta Thurstan's book, "Field Hospital and Flying Column."

The party of Nurses requisitioned by the Countess of Carnarvon arrived at Alexandria on May 26th, and were met and most kindly welcomed by her. Many of the party have been taken over by the War Office, and are working in a large hospital of 1,100 beds at Alexandria, caring for cases from the Dardanelles, others are on transport duty on a hospital ship. The work is very strenuous, and at this time of year, of course, the heat is very trying. The patients are mostly Australians, and it is needless to say "they are all very plucky, enduring heat, flies and terrible wounds without complaint." No one needs now to be told that the Colonial troops are perfectly splendid in every way—"real gorgeous chaps," we have heard them described—and their nurses are of the same fine stuff.

A Sister writes from South Africa: "I have been on active service for the last nine months. . . I have enjoyed the JOURNAL so much since the War started, as we seem to get such a clear idea of the terrible state of things in Europe. Our campaign out here has been a picnic in comparison to that at home, but I am thankful, as there is enough bloodshed in Europe, without spilling it out here. The men have had their trials, too, as they camped for months in the sandy desert with very little water, and an intense heat raging and dust-storms blowing. We have been in Luderitz-bright all the time, where we had three hospitals latterly, a surgical hospital built by the Germans on Shark Island, and two medical hospitals which were respectively in an hotel and a drill hall. . . I should love to go and help in Europe, but it is a long way at one's own expense; but there is talk of sending a contingent. What fine work the women are doing with the Armies, and what heartrending scenes they must go through!"

Indeed they do. One Sister writes from the base in France: "Of course we are never supposed 'to weep with those that weep,' but I have attended so many glorious deaths, and seen so many heartbroken fathers and mothers, that, although I try to swallow all the tears I can, they will brim over sometimes, and drip about. I suppose I am not really suited for this kind of thing; it is too, too tragic; and yet patients and people seem to cling to me, in spite of my puffy cheeks and red nose. The fathers are *tremendous*; they just sit or stand so still, watching their sons struggling with death or passing quietly from this life. One poor stoical old thing said, as I covered the face of his dead son with the sheet: "Your tears have relieved my dead heart." Of course,

there is so much in War which is so wonderfully inspiring, that grief—desperate as it is—is not the greater part. It is so splendid to live in an atmosphere of what you would call imperial duty. That is really the impetus which uplifts the whole thing."

The King and Queen, also Queen Alexandra, have visited sick and wounded at the Royal Free Hospital since our last issue.

A quarter of the beds in the hospital have been continuously filled with wounded. Now, at the request of the War Office, the new out-patients' building has been converted into an officers' hospital, and will constitute one of the largest hospitals for officers yet established.

FRENCH FLAG NURSING CORPS.

Miss Hester Dixon, cert., Royal Berkshire Hospital, Reading, and Miss M. Mann Geckie, cert., Deaconess's Hospital, Edinburgh, will leave for France on Saturday, 26th inst.

The unit sent to Toul find themselves very near the fighting line, with beautiful country around, but must carry their passes when enjoying a walk. "It is very nice to see the real thing and not in pictures," a Sister writes, "though it makes one very sad to realise where all the soldiers who pass through are going to. . . . Asepsis is practised thoroughly here, some of the infirmières are really excellent. We hope to do more for the patients as we improve in our French. We are very



NURSING BRITISH WOUNDED AT ST. THOMAS'S HOSPITAL.

A TRAINED NURSES' BRIGADE.

On Saturday, June 19th, the Annual Inspection of the St. John's Ambulance Brigade No. 12 (Irish) District took place in Lord Iveagh's Gardens, St. Stephen's Green, Dublin.

Amongst the units represented at the parade was the Irish Nurses Association Brigade in Charge of its Lady Superintendent, Miss Carson-Rae. This Brigade is composed of fully-trained nurses belonging to the I.N.A., but as most of the members are on active service at home or abroad, it was impossible to get together sufficient members to take part in the competition.

A more satisfactory reason could not have been advanced.

fortunate to have a French teacher who kindly gives us lessons, he has lived in England fifteen years. I think I shall be very happy in my work here."

The typhus epidemic is rapidly subsiding in Serbia, but the toll of doctors and nurses has been heavy. From statistics obtained by Mr. James Berry, the head of the English hospital-mission at Vrnjachka Banya, 93 Serbian doctors and 35 foreign have died from attacks of typhus, 3 British, 4 American, 2 Belgian, several Greek, and 6 Austrians, practising in the Serbian hospital. These figures do not include medical students, nurses, and other helpers, among whom the mortality has been very high.

JOINT WAR COMMITTEE.

The following nurses have been deputed to duty under the Joint War Committee:—

- V.A.D. Hospital, Kinglton, Herefordshire.*—Miss A. Lawson.
Beckett Hospital, Barnsley.—Miss G. Careton.
Stourport Red Cross Hospital, Areyley Kings.—Miss A. J. Wilson.
Edmonton Military Hospital, Silver Street.—Miss A. Spence.
Generals Meadow, Il'almcr.—Miss Olive Whetham.
Boultham Hall, Lincoln.—Miss P. E. Adamson.
Red Cross Hospital, Christchurch, Hants.—Miss W. Luckie-Smith.
Cecil's, Manor Road, Worthing.—Miss E. L. Coome.
Military Hospital, Highams, Woodford Green.—Miss A. McNab.
Godinton, Ashford, Kent.—Miss K. F. Hefferman.
V.A.D. Hospital, Hammerton House, Sunderland.—Miss K. I. Hall.
Red Cross Hospital, Il'inchester.—Miss Ella Goodall, Miss M. A. Godfrey.
Hayes End, Hillington.—Miss C. de N. Fraser.
35, Chesham Place, S.W.—Miss M. A. Tonry.
Military Hospital, Newton Park, near Bristol.—Miss F. Stearman.
Red Cross Hospital, Gloucester.—Miss G. Dibblin.
Red Cross Hospital, Albion House, Newbury, Berks.—Miss G. Price.
V.A.D. Hospital, Ripon.—Mrs. Clucas.
V.A.D. Hospital, St. Anne's Hall, Caversham.—Miss C. Dwyer.
Red Cross Hospital, Barry Docks, Cardiff.—Miss F. M. Smith, Miss Gwladys R. Lewis.
Red Cross Hospital, Stoodley Knowle, Torquay.—Miss K. K. Levin.
Hale Park, Breamore, Hants.—Miss E. E. Parker.
Yarrow Military Hospital, Broadstairs.—Miss M. Whillier, Mrs. R. J. Hallaram.
Langston Towers Relief Hospital, Havant.—Miss E. Corder.
Red Cross Hospital, The Plain, Epping.—Miss G. Evans.
Gifford House, Rochampton.—Miss L. Hunt.
Broadwater Hospital, Ipswich.—Miss G. Mackenzie and Miss C. L. Leggatt.
V.A.D. Hospital, Rust Hall, Tunbridge Wells.—Miss M. J. Bull.
Richmond House Hospital, Boughton, Chester.—Miss G. G. Williams.
King Manoel's Hospital, 9, Eastern Terrace, Brighton.—Miss M. Ollin, Miss A. Sim.
The Manor, Norton-sub-Hamdon, Somerset.—Miss J. Willey (Masseuse).
Red Cross Hospital, Beccworth Hall, Ongar.—Miss J. McColter, Miss F. Jacques.
The Glose, Il'inchester.—Mrs. Cunningham.
Glen Red Cross Hospital, Southend-on-Sea.—Miss W. F. Macnab.
Loversall Hall, Doncaster.—Miss L. Lamphier.

Red Cross Hospital, Dalston Hall, Cumberland.—Mrs. F. Davies.

Guisne's Court, Tolleshunt, Darcy, Essex.—Miss A. Littlewood.

8, Lennox Gardens, S.W.—Miss A. M. Ramsay.

FEVER NURSES' ASSOCIATION.

EXAMINATION FOR CERTIFICATE OF FEVER TRAINING. APRIL 14th, 1915.

1. Describe briefly the bones entering into the formation of the chest-wall and their arrangement.
2. Describe the mouth, and state where the ducts of the salivary glands enter it. What changes does food undergo in the mouth?
3. (a) Explain why milk is a complete diet; (b) What facts should suggest to a nurse that milk is not being properly digested? (c) What methods are used to make milk more digestible?
4. State what you know about diphtherial paralysis. In what ways may the paralysis cause death?
5. A patient has been suffering from an infectious fever in his own home, and is discharged. If you have to disinfect the sick-room and its contents, state all that you would do.
6. Describe the nursing of a severe case of Whooping-cough

RESULTS OF EXAMINATION.

LIST OF SUCCESSFUL CANDIDATES.

- Birmingham City Hospital, Little Bromwich.*—Misses I. Anderson, F. M. Avery, D. K. Brighton, Selma Grant, Susan Harper, Alice Hayton, M. E. Higgins, N. O. Leader, Edith Peill, Agnes Strickland.
West Heath Hospital.—Misses Gladys D. Beddows, Ethel Harding, Doris Jones, Florence Pattinson.
Brighton Sanatorium.—Misses B. M. Campbell, L. E. Collett.
Croydon Borough Hospital.—Misses E. B. Blundell, Elizabeth Corney.
Eastern Hospital.—Misses B. E. Makinson, S. R. Philip, E. W. Raimbach, A. C. Roberts, F. E. Rose.
Leeds City Hospital.—Misses Jara Armitage, H. E. Bred, Jennie Clennell, Hilda Jackson, F. A. W. B. Lawrie, M. L. Leigh, A. I. Novell, E. M. Owen, Grace Proctor, Mary Prydderch, Annie Slater, H. W. Smithson, F. E. Wadlow.
Leicester Borough Hospital.—Misses A. F. Brindley, Miriam Davies, Priscilla Lund, Rose Nicholls, Clara Pateman, Mabel Sensicall.
Newcastle City Hospital.—Misses Sarah Brannan, Jennie Brown.
Paisley Hospital.—Misses C. C. Banks, J. H. Campbell, Ann Parker, A. A. Sawyer, M. W. Stewart.
Plaistow Hospital.—Misses B. J. Anderson, Mary Bentham, Marjorie Bulling.
Sheffield City Hospital.—Misses Catherine Byrne, B. Dougherty, J. D. Dougherty, Bertha Ellison, Mabel Gosney, W. L. Hayes, Fanny Hind, Marjorie Trevellick, C. R. Twells.

Willersden Hospital.—Misses E. A. Styler, Kathleen Wingrave, D. W. Woods.

Mardy Hospital (Merthyr Tydfil).—Misses M. E. Dyke, Catherine Brien.

The total entries were 82, and the total passes 66.

MENTIONED IN DESPATCHES.

DISTINGUISHED SERVICE IN THE FIELD.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

McCarthy, Matron-in-Chief Miss E. M., R.R.C.; Byers, Act. Matron Miss A. F.; Hodgins, Matron Miss F. M.; Reid, Matron Miss H. W.; Richards, Matron Miss G. M.; Allen, Sister Miss G. M.; Bills, Sister Miss S. K.; Congleton, Sister Miss J. H.; Corbishley, Act. Sister Miss M. C.; Drage, Sister Miss H. M.; Hartigan, Sister Miss H.; Howe, Sister Miss G. A.; Keene, Sister Miss E. J. M.; Lang, Sister Miss E. M.; MacRae, Act. Sister Miss C. MacK.; Mathews, Act. Sister Miss K. M.; Smith, Sister Miss G. M.; Steenson, Sister Miss M.; Williams, Sister Miss M. S.; Best, Staff Nurse Miss D. M.; Davies, Staff Nurse Miss M. F.; Roberts, Staff Nurse Miss M. M.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE (RESERVE.)

Adler, Miss N.; Barclay Smith, Miss J.; Barrett Miss E. G.; Devenish-Mearns, Miss E. D.; Elston, Miss C.; Hansard, Miss E. M.; Reid, Miss B. J. D.; Thurling, Miss L. M.

TERRITORIAL FORCE NURSING SERVICE.

Brander, Miss M. A.; Ivin, Miss A. H.; Jackson Miss E. A.; Morris, Miss P. M.; Palin, Miss H. G.; Webber, Miss C.

CIVIL HOSPITALS RESERVE.

Bannister, Miss M. W., R. Infirm., Hull; Barbier, Miss I. E. M., R. Infirm., Bristol; Clark, Miss M., R. Southern Hosp., Liverpool; Doherty, Miss M. A., Dr. Steeven's Hosp., Dublin; Fearnley, Miss E., St. Thomas's Hosp., London (dead); Ferguson, Miss E. T., R. Infirm., Perth; Harley, Miss F., St. Thomas's Hosp., London; Healey, Miss A., Dr. Steeven's Hosp., Dublin; Johnston, Miss K., City of Dublin Hosp., Dublin; Kiddle, Miss V. M., Guy's Hosp., London; Knight, Miss M. R., Westminster Hosp., London; Le Sneur, Miss E. M., Univ. Coll. Hosp., London; McIntosh, Miss S. C., R. Infirm., Edinburgh; Oakey, Miss M., General Hosp., Birmingham; Peet, Miss L. O., Derby R. Infirm., Derby; Wainwright, Miss A., London Hosp., London.

AUSTRALIAN NURSING SERVICE.

Greaves, Matron Miss I.

CANADIAN NURSING SERVICE.

Campbell, Matron Miss E.; Richardson, Nursing Sister Miss M. P.

QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

Watt, Lady Supt. Miss P. F.; Rait, Sen. Nursing Sister Miss H. A. M.; Kelso, Nursing Sister Miss E.

BRITISH RED CROSS SOCIETY.

Fletcher, Principal Matron Miss N.; Phillips, Mrs.; Pierce, Miss A. L.

APPOINTMENTS.

NURSE MATRON.

The National Sanatorium, Benenden, Kent.—Miss A. Ferguson has been appointed Nurse Matron. She was trained at the Royal Infirmary Glasgow, where she has held the position of Sister.

SISTER.

Bridge Street Hospital, Paisley.—Miss M. Isabelle Malloch has been appointed Sister. She was trained at the Leith Public Health Hospital, Edinburgh; and has been Staff Nurse at the Baguley Sanatorium, Timperley, Cheshire; the Ladywell Hospital, Salford; Belvidere and Ruchill Hospitals, Glasgow; and Boness Burgh Hospital, near Lothian.

Bethnal Green Infirmary, Waterloo Road, Victoria Park, N.E.—Miss Ellen Hookham has been appointed Sister. She was trained at the Brentford Union Infirmary, Isleworth.

General Hospital, Merthyr Tydfil.—Miss Katherine Winstone Jenkins has been appointed Sister. She was trained at the Royal Gwent Hospital, Newport; and has been Night Sister at the General Hospital, Merthyr. She has also had experience of private nursing.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Sister Miss E. H. Robinson resigns her appointment (June 22nd).

QUEEN VICTORIA'S JUBILEE INSTITUTE.

TRANSFERS AND APPOINTMENTS.

Miss Christina M. Grant is appointed to Devon C.N.A., as Assistant Superintendent. Miss Grant received General Training at the Bolton Union Hospitals, District Training at Edinburgh, and has the C.M.B. certificate. She has since held several appointments under the Institute.

Miss Helen Barry, to Kensington; Miss Harriett B. Petrement, to Chertsey; Miss Milly Taylor, to Kilburn and West Hampstead; Miss Janet Wilcock, to Stockport; Miss Ellinor F. Williams, to Kettering.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

EXAMINATION FOR THE ROLL OF QUEEN'S NURSES, JUNE 17TH, 1915.

1.—In what way can a local nurse assist the Medical Officer in inspecting schools? Why is it important that she should visit the children in their own homes later?

2.—How would you prepare the following on the district: (1) Peptonised milk; (2) Whey; (3) Beef juice; (4) Albumen water; (5) Barley water?

3.—Describe treatment usually ordered for: (a) Thrush; (b) Sore umbilicus; (c) Inflamed breast, both for infant and for mother.

4.—How can a Queen's Nurse co-operate with Red Cross work in her district?

5.—What do you know of Spotted Fever?

How is it carried, and what precautions should you take in nursing a case?

6.—Explain the normal respiratory changes in the lungs and in the tissues. What effect would bad ventilation have on these changes?

WELCOME HELP.

The President of the Society for the State Registration of Trained Nurses acknowledges with thanks the following donations: Mrs. G. F. Wates, £2 2s.; Miss E. M. Musson, £1 1s.; Mrs. Shuter, 10s.; Miss L. Warriner, R.N.S., 10s.; Miss Clara Lee, 5s.; Miss K. Bellamy, 2s. 6d.; Miss M. Mollett, 1s.

IN SUPPORT OF THE HOSPITALS.

To judge from the energy of the lady volunteers there should be a most magnificent return for the sale of the wild rose emblems on Alexandra Day. Queen Alexandra drove through the West End on Wednesday and stimulated the sales in support of the hospitals and kindred institutions. As the majority of hospitals have had the honour of caring for our sick and wounded soldiers, and so much money has gone elsewhere, their needs are urgent and they deserve all the support a charitable public is able to subscribe.

NATIONAL UNION OF TRAINED NURSES.

We learn from several correspondents that the result of the Referendum on the principle of State Registration of Trained Nurses, published by the National Union of Trained Nurses last week, which resulted in 400 full members supporting the demand, and 35 voting against it, has aroused a sense of great satisfaction throughout the Union. Naturally THE BRITISH JOURNAL OF NURSING, which has alone voiced the registration policy for twenty-seven years, offers congratulations on this important step forward by an organised society of nurses. As a correspondent points out, this vote brings the N.U.T.N. into line with all the other organised societies of trained nurses in the United Kingdom, on the important question of legal status and State protection for the Nursing profession.

THE PASSING BELL.

Selia, Lady Samuelson, who was working at the Hôpital Anglo-Belge Albert I, at Rouen, died suddenly on June 18th. This poor lady had lost both her soldier sons on active service—one in South Africa, and one in Flanders. Grief may well have undermined her health.

The whole nation is grieving for the death of Lieutenant Warneford, V.C., the brilliant young aviator, whose splendid achievement won him the Victoria Cross and the Cross of the Legion of Honour one week, and who died from an accident the next. Now he is at rest in Brompton Cemetery—but his splendid valour remains an example for all time.

NURSING ECHOES.

The relations between an Editor and her *clientele* of readers becomes very intimate in twenty years, especially when they are working together in sympathy for a great social reform. Thus the Editor of THE BRITISH JOURNAL OF NURSING has friends all over the world.

Recently from one "somewhere in France" she received a most kind letter which opened, "I am so disappointed. I saw the notice of your son's marriage in the paper, and did hope to see pictures of the bride and bridegroom in the *B.J.N.* Better late than never." Taking the hint, we this week publish the portraits (kindly lent us by the *Gentlewoman*) of Captain C. B. Fenwick and his wife, formerly Miss M. B. Wait. The wedding took place very quietly in Newcastle on June 1st—a real war wedding, yet seemingly none the less happy for that—a four days' honeymoon, and then again to duty.

This week the "Camp" for Nurses, arranged by the Nurses' Missionary League, from June 23rd to July 7th, is being held at Old Jordan's Hostel, Beaconsfield, Bucks, where it is hoped to have a most delightful holiday. Some nurses are attending for the whole fortnight, some for only a few days, and a good many from London hospitals are hoping to go for the day. Any nurses will be welcome, and there is still sleeping accommodation for a few. The fare is only 2s. 6d. return, to Beaconsfield Halt (trains leave Paddington 9.37 a.m., and Marylebone 10.30, 11.34, 12.55, 4.50, 6.35). A postcard to Miss Richardson at the above address will secure all further particulars. If time does not permit of writing, please come unannounced.

The Study Department of the Society for the Propagation of the Gospel in Foreign Parts is arranging two "Study Weeks," to be held at St. Christopher's College, Blackheath, from July 26th to August 2nd, and at Ripon from August 2nd to 9th, for the study of The Ministry of Healing in the Missionary Enterprise, to gain further inspiration by the study of Medical Missions, a subject closely allied to a nurse's work, some of whom may like to attend. From the leaflet of the Missionary Study School, we gather that the object in studying together things concerning the Kingdom of God will be to gain such a realization of the magnificence, the immensity, and the urgency of the missionary campaign, that a right spirit shall be renewed within those who

are to take their place as sworn warriors of Christ's host, with a faith freed from fear, a hope large in expectancy, and a love triumphant in its beauty.

The sufferings of our soldiers have called forth boundless pity from thousands at home, and the pity has taken practical shape. It is argued that the unspeakable sufferings of our fellow creatures in countries where absolute ignorance of medical science obtains would likewise call forth our pity if we realised them. Applications for membership and information may be obtained from the Secretary, Study Department, S.P.G., 15, Tufton Street, Westminster.

We regret to hear that many expert masseuses, owing to the war, are thrown out of work. Although there is plenty to be done for the wounded, they cannot afford to give their services free of charge. The Professional Classes War Relief Council asks if anyone will come forward with a sufficient sum to enable these masseuses to massage the wounded. The money would be paid to them as fees for the work they did by the Council in co-operation with nursing homes and private hospitals.

We are glad to be able to announce that a committee has recently been formed for the establishment of a district nurse to serve a part of Islington which has been left comparatively untouched by the various agencies already at work. Obviously in this overcrowded district there is urgent need of a new local centre of energy for dealing with its results, and it is

to endeavour to meet this need that the Islington and Finsbury District Nursing Committee has come into existence. The nurse selected for the launching of the enterprise is Sister Charlotte, whose long connection with Claremont has given her unique experience of the needs of the district, and who has special qualifications for work in which a social sense is almost as indispensable as good nursing. For the new-born committee looks beyond the mere tending of the sick poor; it hopes some day to initiate a movement for the preservation and improvement of infant life by means of a baby clinic, and for this task Sister Charlotte is pre-eminently qualified, as she has had special experience in crèche work.

Miss E. J. Arnold, 77, Highbury Hill, N., is the Hon. Secretary.

Dr. Turner, London, has reported to the Southwark Guardians on his examination of the Nurses at the Infirmary, East Dulwich Grove. Dr. Turner stated that there were 25 candidates, all of whom reached the pass standard. Generally speaking, a high standard was shown, both in the paper and at the viva voce examination. "Those whom I have marked as very good," added Dr. Turner, "showed a high standard of

excellence, and I should especially like to mention Nurse Sunderland, who headed the list." The Guardians have expressed themselves satisfied with the result of the examination. The report must have been gratifying to the Matron, Miss Rose E. Wallace, and to the nursing staff of the Infirmary.



MISS MARY BEATRICE WAIT.



CAPTAIN CHRISTIAN BEDFORD FENWICK.

ON THE WAY TO SAN FRANCISCO.

BY OUR SPECIAL CORRESPONDENT.

DEAR MADAM,—The good ship *Philadelphia* brought us safely through the perils of the sea into the haven of New York in the morning of June 3rd. It was with feelings of great relief that we passed out of the war zone. The captain—called by an American passenger "a very wise man"—proved himself to be so; during that time of tension, namely two days and a night, he kept an anxious and continuous vigil upon the bridge. He had the boats slung out seawards, and the ropes slackened, ready for any emergency. Hoping for the best he was wisely prepared for the worst. The wharf was crowded with people waving welcomes to their friends on board, and among them we were delighted to espy Miss Dock, and from that moment to this we have received abundant kindness and hospitality from herself and others.

In the afternoon Miss Goodrich and Miss Nutting called upon us. The following day we lunched with Miss Dock at the "Women's Exchange," and dined with Miss Nutting and Miss Goodrich at the "Women's Faculty Club." On Saturday we lunched with Miss Noyes at the Bellevue Hospital, and later by the hospitality of Miss Goodrich we had the privilege of witnessing the Greek play of Euripides, "Iphigenia in Tauris," in the Stadium.

This hotel, named in honour of "the first lady of our land," has the distinction of being the first and only one for the exclusive use of women. It is comfortable, conveniently situated, and well equipped. Visits of inspection to two of New York's finest hospitals were so full of interest, and, let me add, edification, that I feel I ought to share my pleasure and interest with the readers of the JOURNAL.

ST. LUKE'S HOSPITAL,

also called the Church Hospital, is a private institution analogous to our nursing home, but

in no other way does the analogy serve. Structurally it is magnificent. The situation, too, is very fine. It stands on high ground in the vicinity of the City College and Columbia University, and immediately opposite to the great unfinished Cathedral of the American Church, which when complete will be the second largest in the world. Accompanied by Miss Goodrich, the former directress, we were conducted over the building by Mrs. Bath, the present one. The Superintendent is the Rev. A. F. Clover. The spacious and imposing marble hall is supported by four columns. At the top of a flight of steps leading from the hall is the chapel, and the warm rich colouring of the east window as seen through the glass doors is very effective against the white marble.

The building contains 350 beds, but can accommodate 400 patients if necessary. It is built on the pavilion system, the administrative block being in the centre. The general impression I received was that of space, loftiness, and freshness. The tall columns which support the ceiling at both ends of the wards perhaps aided the impression, and recalled to my mind a picture I have seen of the Temple of Esculapius containing sick people, except that in this case the sick are much better off! The

floors are tiled under the beds and down the centre, giving a very cool and clean appearance. The hospital is equipped with the most modern requirements of hygiene, and medical science, and the X Ray department is the most perfect I have seen. The nurses' residence, which is a Vanderbilt endowment, is luxuriously comfortable. Here a six months' preliminary course is given. The well equipped "diet kitchen" affords to the pupils the opportunity of a very thorough course in dietetics, given by a dietitian who is a university graduate.

I was very pleased to see that children undergoing operations for adenoids and tonsils are provided with cots for one night. Seven cots are reserved for this purpose. English hospitals please copy.



FIRST CONGREGATIONAL CHURCH, SAN FRANCISCO.

Where Dr. Aked, LL.D., addressed the delegates to the Nurses' Convention on Sunday last on "The Nurse: Her History and Mystery," and where the meetings will be held.

In a separate portion of the building there is accommodation for 65 private patients. It seems that all the patients pay something according to their means, but the "private patients" pay the usual fees for medical and nursing attendance. Various wealthy people have endowed different parts of departments. Another example worth copying in England.

BELLEVUE HOSPITAL.

This famous hospital—the Alma Mater of many of America's most famous nurses, it has been my privilege to see. Miss Noyes is the General Superintendent of this, and the three allied hospitals. Miss Brink, her assistant, most kindly devoted about two hours of her valuable time in conducting us over, and showing and explaining everything that she thought would interest us. Over the main entrance there is a balcony which formed part of the federal building from which George Washington delivered his inaugural address. Great structural alterations are taking place at this hospital; new and modern blocks are rapidly superseding old ones; much is already built, and in a few months' time, it is expected that it will be completed, and then, I should imagine from all I have seen and heard, that it will probably be one of the finest hospitals in the world. To mention that there are 1,381 beds, will convey some idea of the size. When finished there will be no less than eight theatres. It stands on the bank of the river, and one of its most interesting features is that it possesses an old steamer, which was formerly an old ferry boat; this serves the excellent purpose of a tuberculosis camp, and here the patients live, and enjoy a measure of sea air. There is what is called a "dressing-room" which is in reality a small surgery, attached to each ward; all dressings are done here and not in the ward, and even patients unable to leave their beds are wheeled in. An observation ward where all children are kept for a few days before they are allowed in the general wards. A ward for well children whose mothers cannot leave them at home without them. School rooms on the boat (tuberculosis camp) where the children are instructed by teachers supplied by the Board of Education, are among the many interesting features of this hospital.

Nurses from 40 affiliating schools are employed here, as well as sixteen post graduates.

The preliminary course at the Bellevue is for three months, and here again a well-equipped diet kitchen is an essential feature of the education. Six lady doctors, as well as those of the opposite sex are in attendance. Air beds versus the old fashioned and cumbersome water beds are used for the well-being of the patients. Have we any "lung motors" in any of our British Hospitals? I trow not. I was much attracted by the one shown to me at the Bellevue. It is used to supersede the old method of artificial respiration, and is a most ingenious contrivance. There is an excellent school of Midwifery attached to the Hospital, where we saw some delicious little black

babes as well as white. We were afterwards hospitably entertained to lunch by Miss Noyes in the fine dining hall of the Nurses' Residence. It thrilled me with pleasure to hear her speak in the highest terms of THE BRITISH JOURNAL OF NURSING. She is attending the Nursing Conference at San Francisco.

BEATRICE KENT.

A ROYAL RECEPTION.

Miss Annie Hulme writes:—Here we are at Hotel Martha Washington, ready to start for San Francisco after a really 'Royal' time in New York. We have been simply overwhelmed with invitations, flowers, tickets, and the Matrons of the big hospitals are so gracious and charming that we are quite sorry to leave New York—Miss Dock is coming to see us off so goodbye for the present.

It is no empty honour to represent the National Council of Trained Nurses of Great Britain and Ireland at an International Council Meeting and Nursing Congress.

FRENCH FLAG NURSING CORPS.

Candidates for the French Flag Nursing Corps for service in France can be interviewed by arrangement with Lady Barclay, 60, Nevers Square, London, S.W. Mrs. Bedford Fenwick will be at 431, Oxford Street, W., on Friday, June 25th, and Monday, June 28th, from 2.30 to 5 p.m., to see candidates.

THE "ALLENBURY" CONCENTRATED FOOD PRODUCTS

The "Allenbury" Products of Messrs. Allen & Hanburys, Ltd., 37, Lombard Street, London, are always so highly and deservedly esteemed by nurses that we are glad to be able to draw attention to some additions of recent date. Their "Diet Tablets," composed of pure rich milk, whole wheat and chocolate, and their "Nutrient Lozenges," which contain the valuable properties of pure rich milk, whole wheat, and soluble extractives of lean beef, should prove invaluable to soldiers and travellers, and their meat soup squares, costing 1s. 6d. per box of 12 squares, should be to hand in small households, and for preparing tempting and appetising soup for convalescent patients.

LYSOL ANTISEPTIC TOILET SOAP.

We have received from Messrs Charles Zimmermann & Co., Ltd., 9 and 10, St. Mary-at-Hill, London, E.C., a specimen of Lysol Antiseptic Toilet Soap. It is a superfatted soap, which besides having about 5 per cent. of Lysol incorporated, has a most refreshing perfume. It is pleasant to use, lathering freely, and is put up in boxes containing 3 tablets at 1s. per box, to be had of all chemists. It is just the soap for the Front.

BOOK OF THE WEEK.

"DR. WHITTY."*

We are not, perhaps, humorous as a nation, nor are we, perhaps, sufficiently grateful for its saving sense when we come across it in this dull world. But probably the majority would be consciously or unconsciously the losers if there were no George Birmingham at large. At this present crisis more particularly are we bound to stimulate cheerfulness in ourselves and those around us. The book we have chosen for comment this week is not one of the latest, but as it has not so far appeared in our columns we hasten to make reparation and advise those that are "downhearted" to read it.

Needless to say, Dr. Whitty is Irish of the Irish. The doings, chiefly civic, of Ballintra, a small town on the coast of Connacht, is the theme. The occasion of a visit of the Chief Secretary awoke in the inhabitants the idea of asking him for funds to erect a pier. Of course there had to be a deputation. Michael Geraghty warmly supported Dr. Whitty. He was by profession a builder, and the only man in Ballintra to whom the contract for building a pier could possibly be given.

Dr. Whitty would have both Father Henaghan and the Protestant minister on the deputation. "What impresses a Chief Secretary more than anything else is a union of all creeds for a common object. When he sees Father Henaghan and Mr. Jackson standing hand in hand in front of his motor car, he'll be prepared to give us a light-house if we want it, let alone a paltry pier."

Consent having been obtained, the pier was built within the year. Our friend Michael Geraghty, having trusted to the inspector being a fool, had docked the pier twenty-seven feet of the required length. The inspector happened to be a friend of Dr. Whitty.

"Surely to goodness," said the doctor, "you're not going to spend the whole morning measuring the thing!"

But the inspector stood firm, and Michael was found wanting.

"You shut up, Michael," said Dr. Whitty, "and don't be making a fool of yourself. Come on out of this, Eccles. I suppose after the way you've behaved to poor Michael, you'd hardly care to bathe off the end of his pier. It wouldn't be decent."

Dr. Whitty set his friend down in a comfortable chair, offered him whiskey, which he refused, and tobacco, which he accepted, then he began.

"Geraghty," he said, "is a decent man. You could see for yourself that the stones he built it of were real stones."

"If there had been any other material in the country cheaper than stones," said Eccles, "I haven't the least doubt he'd have used it and tried to persuade me afterwards it was stones, otherwise I daresay he's decent enough."

* By G. A. Birmingham. Methuen & Co., London

Said Michael afterwards, "Did you get him persuaded, doctor?"

"I did not. Don't give up heart, Michael; we're not beat by a long way yet."

A few months later "old Thompson" was sent down to measure and found it eighteen inches over the required length. Michael was paid in full.

The explanation was found in Dr. Whitty's letter to his friend Eccles.

"It was perfectly simple. Anybody but a hidebound official would have hit on the dodge at once. We added the twenty-seven feet on the shore end. Stones, as you said, are cheap here, and I helped him dig the bank." Delightful Dr. Whitty.

The foregoing incident shows his resource and nimble Irish wit. It is shown again in his manipulation of a Suffrage meeting which he called in mistake for an Anti.

"I don't want people to sign against their will," said Mrs. Challoner. "If there's a woman here who sincerely believes—"

"There isn't," said Father Henaghan.

"There is not," said the doctor, with emphasis.

Mrs. Challoner spoke of Dr. Whitty afterwards in London "as a singularly open-minded man, one of the very few who are ready to surrender an opinion when it is clearly shown to be wrong."

Charming Dr. Whitty!

No less resourceful was he at a luncheon party when the entomologist and his daughters were asked to meet a select few to discuss etymology as well as they knew how. We leave Dr. Whitty on the return from his honeymoon raging because the band had played "Love's young dream" as a welcome. "If I had had a glimmer of common sense I would have known there wasn't a man in Ballintra fit to organise a thing of that sort properly but myself."

H. H.

A SONG IN PRAISE OF COUNTRY LIFE.

Oh! the odorous bloom
By spendthrift Nature spread.
Lilac and chestnut overhead,
Under, in spangled gloom,
Bracken and heath,
Heath and bracken,
Poppy and bluebell and broom.

Oh, the jewelled rush
Of life into music glad—
Mad as my heart with the summer is mad—
From furrow and sedge and bush;
Robin and wren,
Wren and robin,
Blackbird and linnet and thrush.

Oh! that this day might cease
Not while the days endure.
Here might we, far from the world's loud lure,
Win for the Soul's increase
Laughter and life,
Life and laughter,
Worship and work and peace.

—James Cousins.

COMING EVENTS.

June 24th.—Nurses' Union Garden Party, Aubrey House, Aubrey Road, Holland Park, by invitation of Miss Alexander. 3.30 to 5.30 p.m.

June 25th.—Paddington and St. Marylebone District Nursing Association, Opening of St. Marylebone Branch Home, 43, Blandford Square, N.W., by Lady St. Heher, 4.30 p.m., followed by the Annual Meeting. The Mayor of Marylebone presiding. Speaker, Miss Amy Hughes. Tea 4 p.m.

July 3rd.—League of St. Bartholomew's Hospital Nurses. General Meeting, Clinical Lecture Theatre, 2.30 p.m. Social Gathering, 4 p.m. R.S.V.P. to Gen. Sec., Miss B. Cutler, St. Bartholomew's Hospital, E.C.

July 8th.—Association for Promoting Training and Supply of Midwives. Annual gathering of midwives by invitation of the Lady Balfour of Burleigh, 47, Cadogan Square, S.W. 3 p.m.

LETTERS TO THE EDITOR.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.

A SATISFACTORY REFERENDUM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—When the "Nurses' Social Union" altered its title and took the national title of "The National Union of Trained Nurses," we members hoped that a national policy would be adopted, and I for one read with great satisfaction the result of the Referendum of Full Members (the trained nurse members) as published in THE BRITISH JOURNAL OF NURSING last week, as the voting—460 for and 35 against—proves that the Union is overwhelmingly in favour of the principle, and thus comes into line with the policy of every other national organisation of trained nurses in Great Britain and Ireland. A Social Union and a National Union are two distinct things; one only deals with the convivial and friendly affairs pertaining to society, but the other must deal with things common to a nation; and the legal status of the class composing the Union is immensely important, as, unless it possesses such status, its energy is dissipated and little good can be effected, either for the individual or the community. Let us hope the 35 dissentients will each procure a copy of the Nurses' Registration Bill and study it carefully; I feel sure they will soon realise that trained nurses deserve State protection equally with doctors and midwives.

Yours truly,

PER ARDUA AD ASTRA.

THE CONSERVATION OF ENERGY.

To the Editor of THE BRITISH JOURNAL OF NURSING

DEAR MADAM,—The correspondent in the *Lancet* whose opinion "Common Sense" quotes last week in her letter on the conservation of energy, will be doing a real service if he can do anything to prevent young women who are not trained offering their services abroad as cooks. The majority of them know very little of the culinary art, and when it comes to using little charcoal fires, or anything not taught at home, their efforts are hopeless, and the results disastrous. The cooks of the country are best. I am recently come from foreign service with a private hospital, and am hungry still when I think of our lady cook—or rather of her messes.—Yours truly,

A WORKER IN THE NEAR EAST.

REPLIES TO CORRESPONDENTS.

Sister Amy.—We intend to publish an article on the subject next week.

Miss S. J.—Read Miss Kent's letters as they appear.

Miss Dora Barlow.—Please send present address to Mrs. Fenwick, 29, Upper Wimpole Street, W. Cheque ready.

OUR PRIZE COMPETITIONS.

July 3rd.—Mention the animal parasites which may be found on the surface of the body. Explain what methods you would adopt for their removal.

July 10th.—Give nursing measures for the relief of vomiting.

July 17th.—State what you know about the mechanical treatment of compound and suppurating fractures.

July 24th.—Give the signs and symptoms in a case of placenta previa. What are the risks to mother and child? What general management would you adopt?

July 31st.—Name two communicable diseases, and state the manner in which the infection is carried.

IMPORTANT.

We are glad to receive from the newly-constituted nursing department of the well-known firm, the Hospitals and General Contracts Co., 25 to 35, Mortimer Street, W., assurances that they have, as the result of their advertisement in our columns, received answers from different foreign parts. This is doubtless due to the JOURNAL's wide circulation among the members of the International Council of Trained Nurses, whose official organ it is.

It is equally gratifying that the firm in question write on June 10th as follows:—"We shall be glad for you to use our recommendation to anyone as we are continuing to receive answers to our advertisement in your paper."

We commend all our advertisements to our readers' attention, as, in addition to the fact that only reliable firms are accepted, support of them through the JOURNAL does much to strengthen the finances so necessary to assist to carry through the many propaganda items, launched solely for the benefit and protection of the trained nurse.

The Midwife.

THE CENTRAL MIDWIVES BOARD.

THE MONTHLY MEETING

The Monthly Meeting of the Central Midwives' Board was held at Caxton House, Westminster, on Thursday, June 17th, Sir Francis Champneys presiding.

REPORT OF STANDING COMMITTEE.

In reply to a letter from the Hon. Secretary of the Midwives' Institute, as to the decision of the High Court, in the case of a midwife *v.* the Central Midwives' Board, it was agreed that the Hon. Secretary of the Midwives' Institute be informed that the decision of the High Court, although reversing the decision of the Central Midwives' Board to remove the name of the midwife from the Roll, confirms the Board in their position as the authority which determines what is and what is not misconduct in a midwife, and decides that misconduct is not to be limited to misconduct in a professional sense; the Board has held that conduct which before enrolment would render it impossible to certify that a candidate was "of good moral character," renders her, after enrolment, liable to be removed for misconduct, and there is no likelihood that the Board will depart from this position.

New rules to effect the necessary alterations as to the length of training were approved, and it was agreed to forward them to the Privy Council for their sanction.

Midwives Amy L. M. Edge (No. 28,616) and Annie Brownlie Edington (No. 28,617) were approved to undertake the practical training of midwives.

WAR BABIES.

It will be remembered that in view of the reports circulated as to the large increase of illegitimate births expected owing to the presence of troops in camps and billets throughout the country, a committee of ladies, convened by Mrs. Creighton, was appointed to investigate the subject and to report to a larger committee, of which the Archbishop of York was Chairman. On Wednesday, June 16th, at the Church House, Mrs. Creighton presented the report of the Special Committee of Investigation to the larger Committee, the Archbishop of York presiding. The Committee agreed to the following unanimous Report:—

"Having received and considered the report of the committee appointed to investigate the alleged probability of a large increase in the number of illegitimate births during the War, we cordially accept and endorse its conclusion, that the rumours which have been circulated have been proved beyond doubt to have no foundation in fact. Special inquiries were made in sixty-two towns

and districts through branches of the National Union of Women Workers, the Women's Patrol Committee in large military centres, and other agencies possessed of special local knowledge, and by a skilled lady investigator. In no case has any confirmation been obtained of the rumours which have been circulated. The returns of other independent inquiries, including those instituted by the Local Government Board, were seen, and these returns entirely confirm the conclusions of the committee.

"Reports of a specially sensational character were particularly investigated. It was said, for example, that the Local Government Board were making large additions to the lying-in wards of infirmaries. It was found that not a single new bed had been ordered. It was said that in a well-known maternity hospital preparations were being made to add fifteen new wards, and that fifty beds had been placed at the disposal of the person giving the information. It was found that the additions being made to the hospital were begun in 1913, and that it had received no more illegitimate cases than usual.

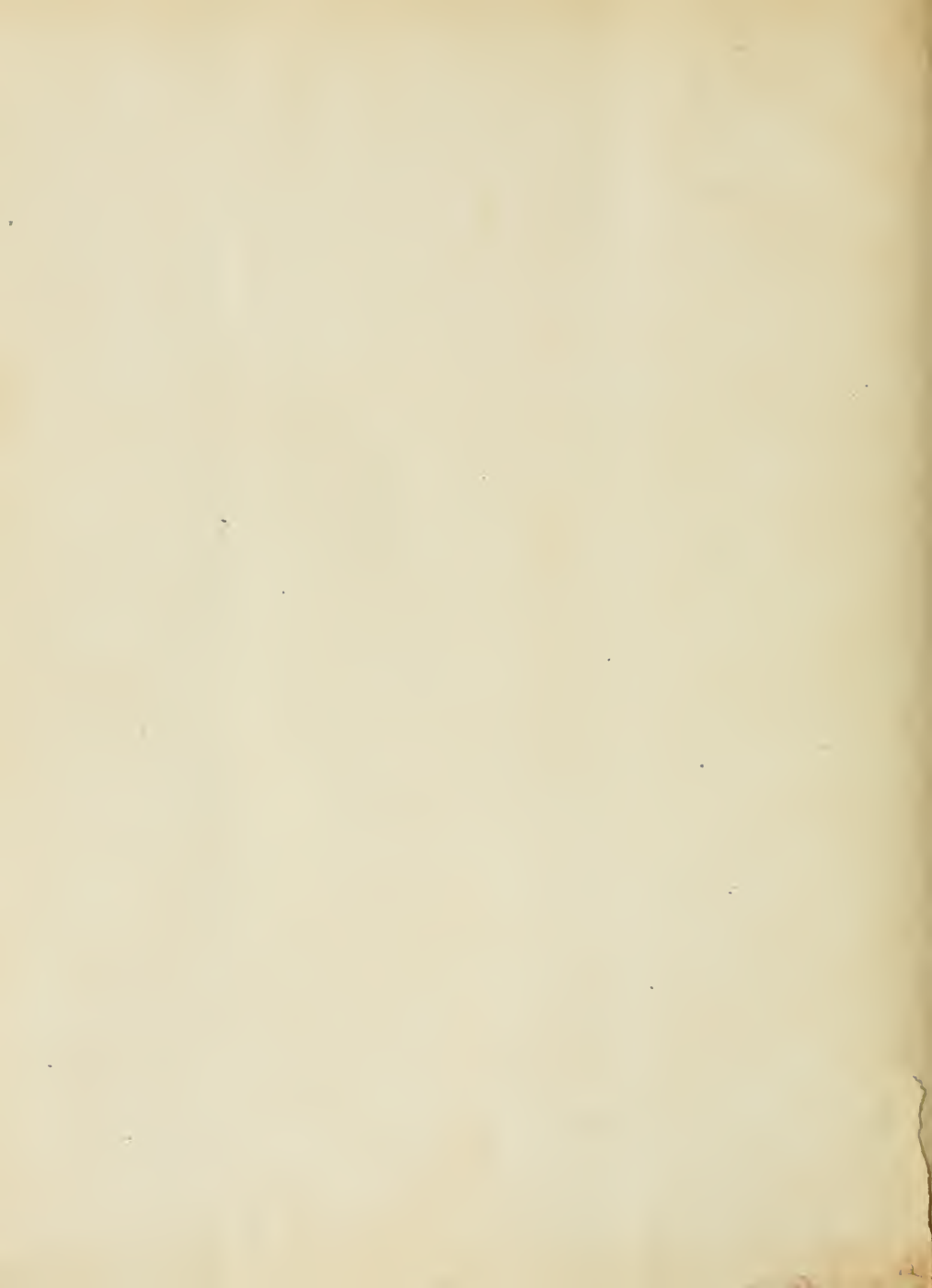
"It was said that in one place the lying-in ward of the infirmary was full, and that the opening of a new ward was contemplated. It was found that there was not a single case in the ward, and that no new ward was proposed. It was said that in another place 500 cases were known, and that 200 had already been received into homes. It was found that there were not more than three cases. These are illustrations of the credibility to be attached to the statements which have been so widely made.

"We do not overlook the fact that the excitement caused by the presence of large numbers of soldiers has often led to undesirable conduct. Nor do we forget the extent and gravity of the moral problem involved in the annual statistics of illegitimate births. But no evidence so far available justifies the belief that the conditions of war have resulted in any exceptional increase.

"The subject is one which during the coming months must be carefully watched. But we trust that it will be considered with sobriety and with a proper sense of responsibility; and that in view of the facts which have been ascertained the irresponsible and sensational discussion of it will now cease.

"We consider that as the problem has not been proved to be of any serious dimensions it is unnecessary to discuss exceptional measures. We agree with the Committee of Investigation that the existing agencies are amply sufficient to deal with the cases of such girls as may need any special help. Instead of recommending new agencies or exceptional measures, we endorse the appeal of the committee that the existing agencies should be strengthened by more general and adequate support."





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